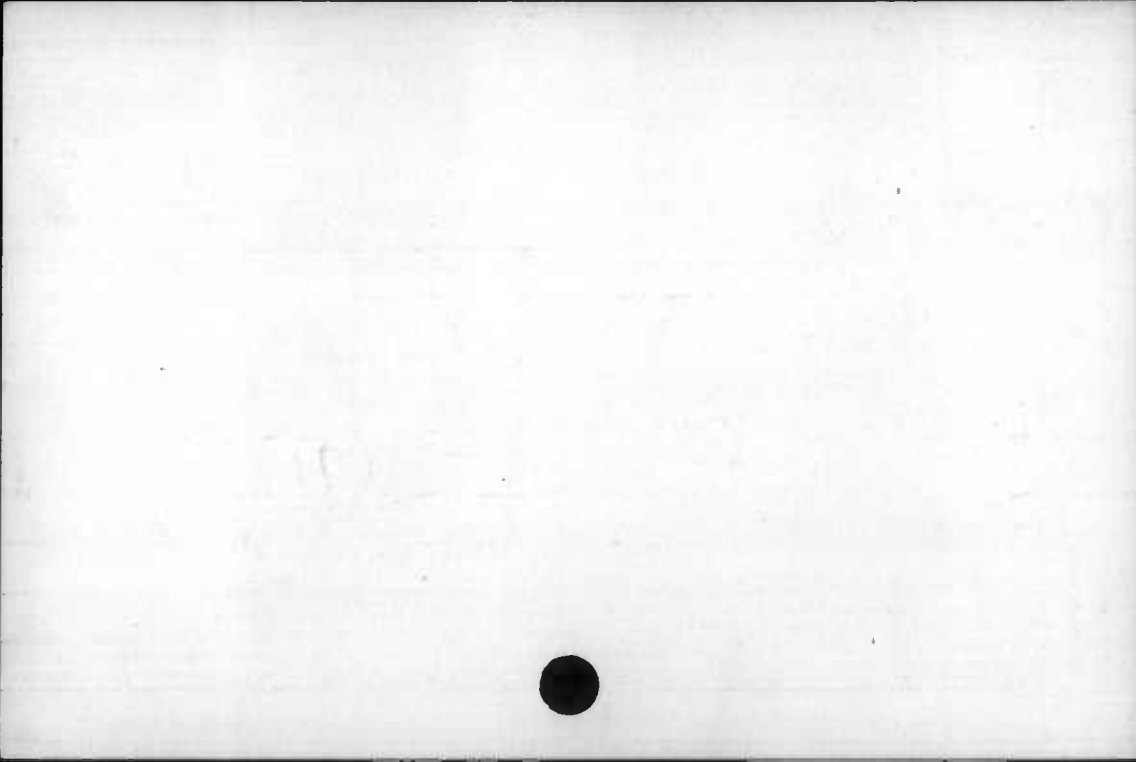


Name in Full		Hannie Rebecca Baker				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brookeville	County Montgomery	MARYLAND		
		Date of death		1909	Month Apr.	Day 8	Age 5-9	Months Years
		Sex		Female		Color or Race	White	
		Occupation		Seamstress		Birth-place		Montg. Co. Md.
						Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		John E. Baker		Father's Birthplace		Montg. Co.
		Mother's Maiden Name		Rebecca Rabbitte		Mother's Birthplace		Montg. Co.
		Name of person giving information		Elizabeth Baker		How related to deceased		Sister
		CAUSES OF DEATH				79		
PHYSICIAN <del>ON COOPER</del>		Primary		Organic Heart disease with Oedema of the lungs		How long		About 1 year
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. W. F. Green
				Address		Brookeville, Md.		
		Accident or Suicide?						



Name  
in  
Full

Henrietta Barber

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

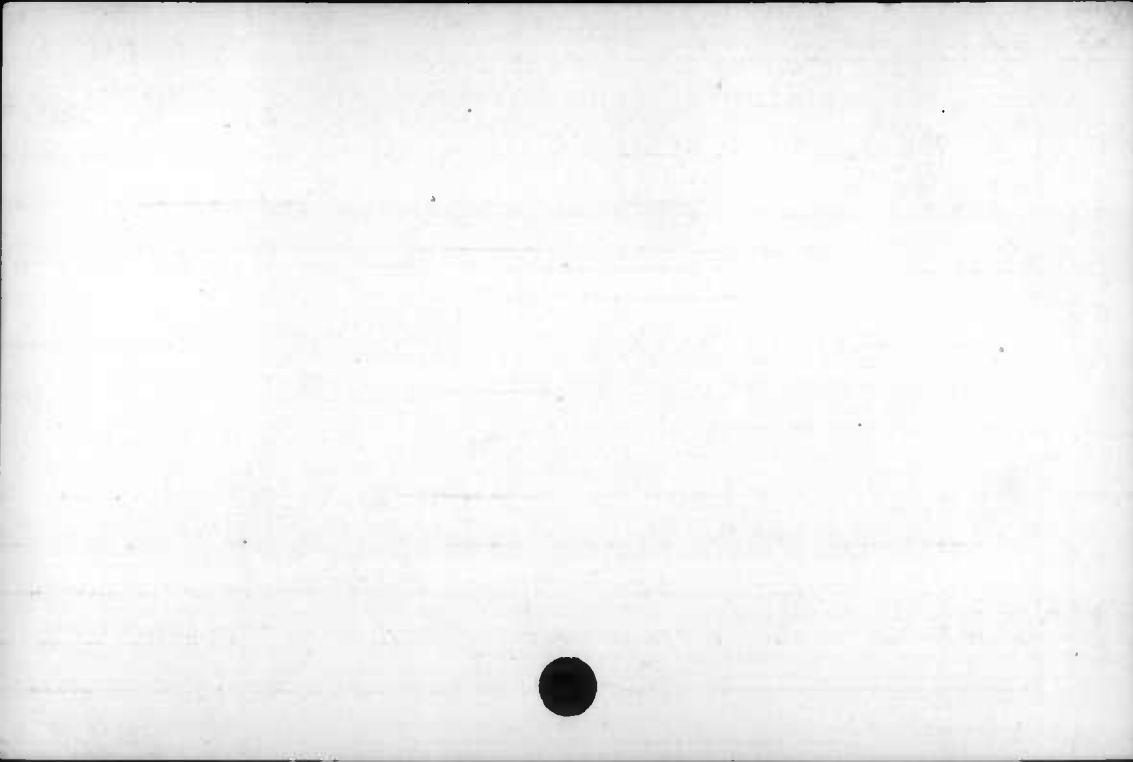
Died at <i>Scrantom</i> Town			<i>Manly</i> County			MARYLAND	
Date of death	1909	Month	4	Day	14	Age	70
Sex		Female		Color or Race		Colored	
Occupation		Midwife		Birth-place		Md	
Where Residing if not at place of death				X			
Married, Single or Widowed		Married		Name of Wife or Husband		Luisa Barber	
Father's Name		Noah Lynch		Father's Birthplace		Md	
Mother's Maiden Name		Juliet Harpur		Mother's Birthplace		Md	
Name of person giving information		Isaac Johnson		How related to deceased		none	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<i>Asphyxia</i>	How long	<i>2 days</i>
Immediate	<i>E. Lungtun</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>O. M. Linton</i>	
Address		<i>Roestville</i>	
Accident or Suicide?		X	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

~~Mahlon H. Austin~~ George Burdette

Died at <sup>Town</sup> M.E. Offutt's farm <sup>County</sup> Montgomery MARYLAND

Date of death 1909 April 25<sup>th</sup> Age 65<sup>7</sup> Years Months Days

Sex: Male Color or Race White Birth-place Montgomery County

Occupation Farmer Where Residing if not at place of death near conference meeting house

Married, ~~Single~~ Married Name of Wife or Husband Mary E. Burdette

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information Mamie E. Offutt, How related to deceased

CAUSES OF DEATH

157

Hanging

PHYSICIAN  
OR CORONER

Primary Supposed mental derangement How long suffered nearly two days

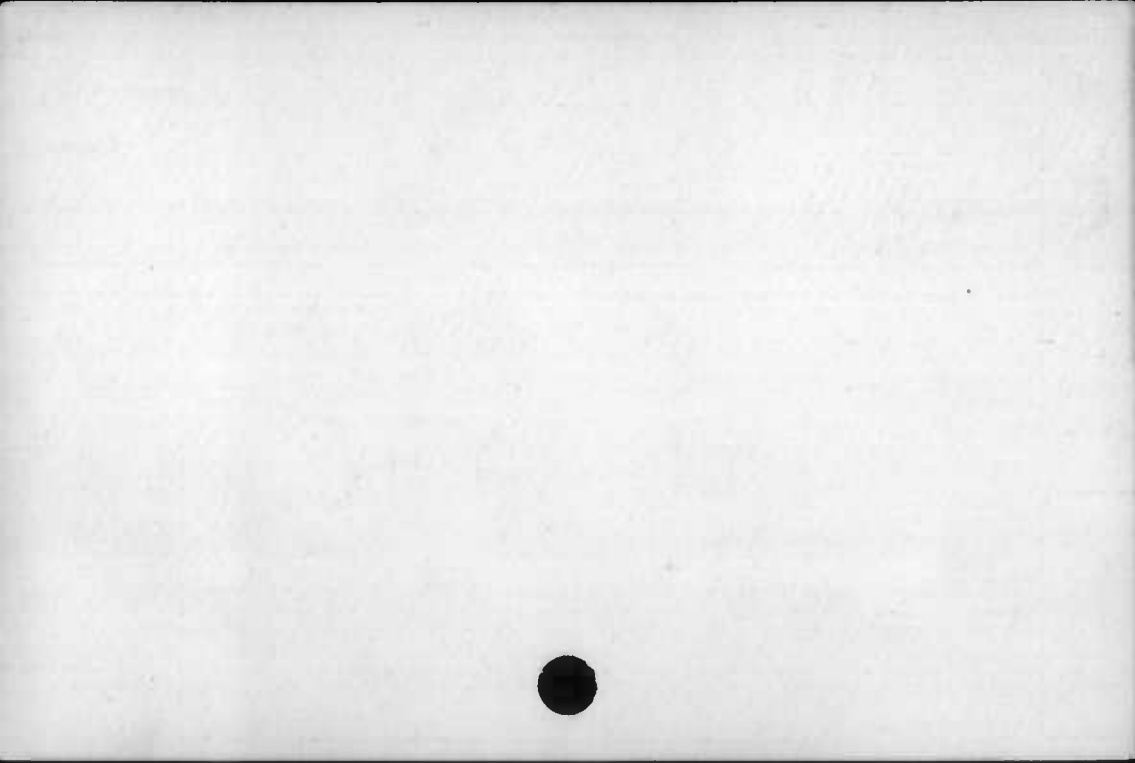
Immediate Hanging How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Mahlon H. Austin Jr.

Address Cromer, Bethesda Montgomery County, Md.

Accident or Suicide? Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Harry W. Burruss* County *X*

Town *Gaithersburg* County *Montgomery*

Died at *Gaithersburg* Month *4* Day *27* Year *1909* Age *37* Months *—* Days *—*

Date of death *1909 4 27* Age *37*

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Clergy man* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Schey*

Father's Name *Henry L. Burruss* Father's Birthplace *MD*

Mother's Maiden Name *Hanna. Betison* Mother's Birthplace *—*

Name of person giving Information *Mrs Burruss* How related to deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

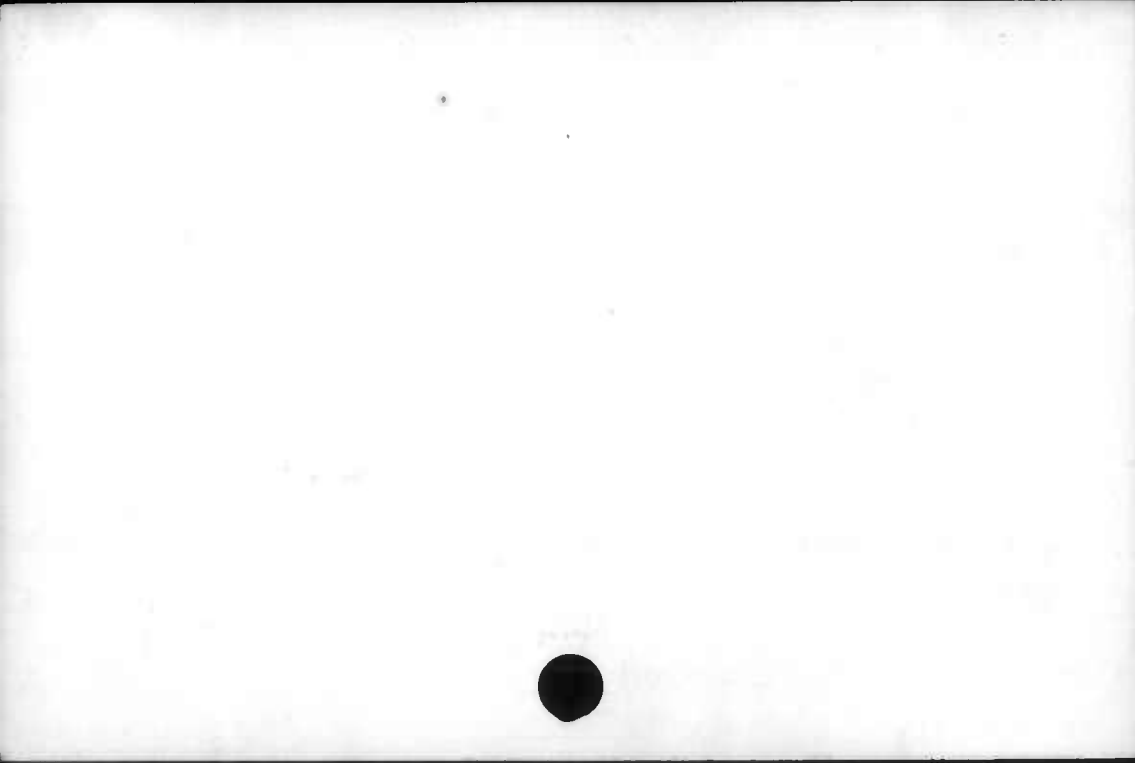
Primary *Pneumonia* How long *Seven days*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Elias H. Eickhorn* Address *Gaithersburg MD*

Accident or Suicide *—*





Name  
In  
Full

William Claggett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Laytonville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month <i>April</i>	Day <i>22</i>	Years <i>22</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Montgomery Co</i>
Occupation	<i>Waiter in hotel</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>			
Father's Name	<i>Henry Thomas Claggett</i>				Father's Birthplace	<i>Montgomery Co</i>	
Mother's Maiden Name	<i>Betsy Dorsey</i>				Mother's Birthplace	<i>Montgomery Co</i>	
Name of person giving Information	<i>Samuel P Claggett</i>				How related to deceased	<i>Brother</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>About 2 yrs 7 mos</i>
Immediate	<i>General Exhaustion from above disease</i>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>V H Dyson</i>
		Address	<i>Laytonville Ind</i>
Accident or Suicide?			



Name  
in  
Full

*Theodore P. Culley*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Takoma Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>16</i>	Age <i>52</i>	Years	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>D.C.</i>				
Occupation <i>Musical Business</i>	Where Residing if not at place of death <i>Takoma Park Md</i>						
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Blanche Culley</i>						
Father's Name <i>Thomas Culley</i>	Father's Birthplace <i>D.C.</i>						
Mother's Maiden Name	Mother's Birthplace <i>Kentucky</i>						
Name of person giving information <i>Wm E. B. Culley</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

**64**

PHYSICIAN  
OR CORONER

Primary <i>Cerebral hemorrhage</i>	How long <i>1 hour</i>
Immediate <i>Syncope</i>	How long <i>20 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Abner T. Parsons</i>
	Address <i>Takoma Park, Md.</i>
Accident or Suicide?	

L.M. Moors,  
Takoma Park, Md,

John R. Wright Co.,  
undertakers

rogers,

Name

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

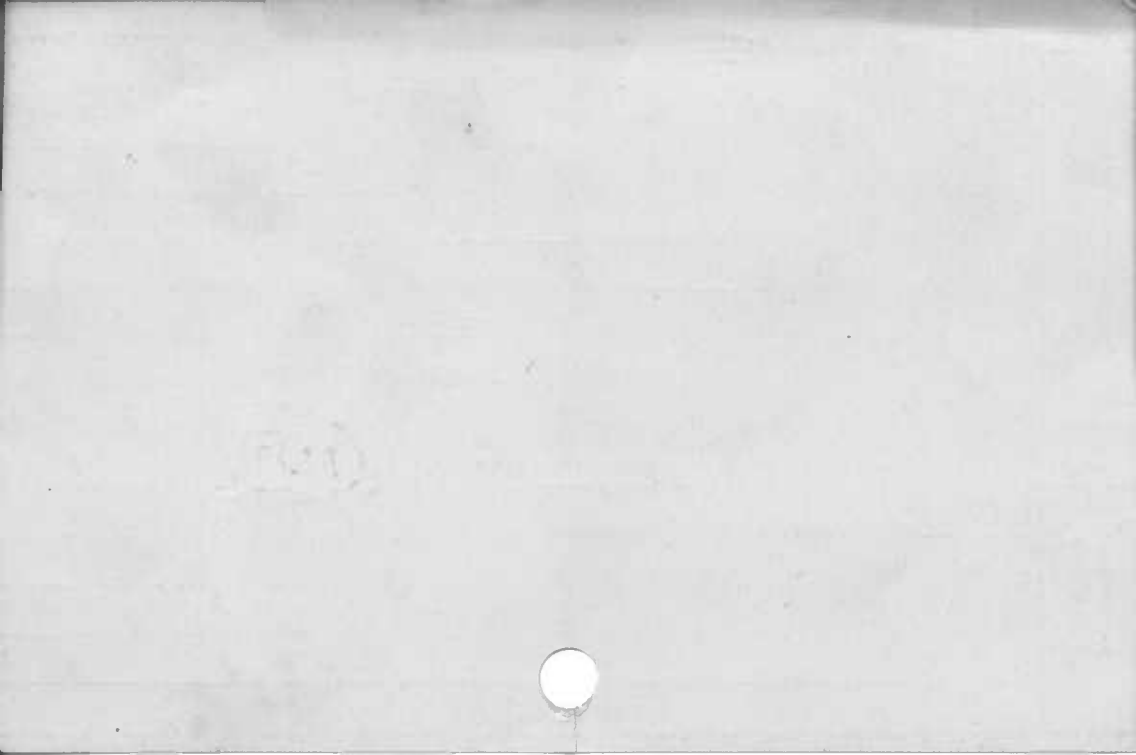
Died at <u>Dickerson</u>		Town <u>Monty</u>		County		MARYLAND	
Date of death	1909	Month	Apr	Day	21	Age	85
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>md</u>		Months <u>—</u> Days <u>7</u>	
Occupation <u>Not any</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>widow</u>		Name of Wife or Husband <u>Franklin Cummings</u>					
Father's Name <u>J J W Jones</u>		Father's Birthplace <u>md</u>					
Mother's Maiden Name <u>Anne Neaton Chiswell</u>		Mother's Birthplace <u>md</u>					
Name of person giving information <u>J E Byrne</u>		How related to deceased <u>neice</u>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<u>mitral insufficiency</u> <u>choonice interstical nephritis</u>	How long	<u>4 yrs</u>
Immediate	<u>Cardiac Asthenia</u>	How long	<u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E W White</u>	
		Address <u>Brooksville</u> <u>md</u>	
Accident or Suicide? <u>—</u>			



Name  
in  
Full

William Henry Donoho.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whiston</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	4	Day	16
Age	80	Years	80	Months	2
Sex	male	Color or Race	white	Birth-place	D.C.
Occupation	clerk		Where Residing if not at place of death		
Married, <del>Single</del> or Widowed	Name of Wife or Husband <i>Annie Cooper Donoho.</i>				
Father's Name	<i>Thomas S. Donoho</i>			Father's Birthplace	<i>D.C.</i>
Mother's Maiden Name	<i>Sarah F. White</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>F. D. Fry</i>			How related to deceased	<i>Son-in-law</i>

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>years</i>
Immediate	<i>general debility</i>	How long	<i>2 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>G. H. Wright</i>
yes		Address	<i>Forest Glen</i>
Accident or Suicide?		<i>No</i>	





Name  
in  
Full

Lloyd. R. Everett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Silgo

Town

County

Crmt.

Date

of death 190

Apr. 23

Month

Day

Years

Months

Days

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Sligo (Ind.)

Occupation

Where Residing if not  
at place of death

Home

Married, Single  
or Widowed

Name of Wife or  
Husband

Single

Father's  
Name

Lloyd J. Everett

Father's  
Birth place

Ind

Mother's  
Maiden Name

Katharine C. Everett

Mother's  
Birth place

Ind

Name of person giving  
Information

M. E. Everett

How related  
to deceased

Sister

CAUSES OF DEATH

151

Primary

Congestive debility

How long

Immediate

Exhaustion

How long

7 1/2 hrs.

Are the name, age, sex, color, date  
and place correctly given above?

Yrs

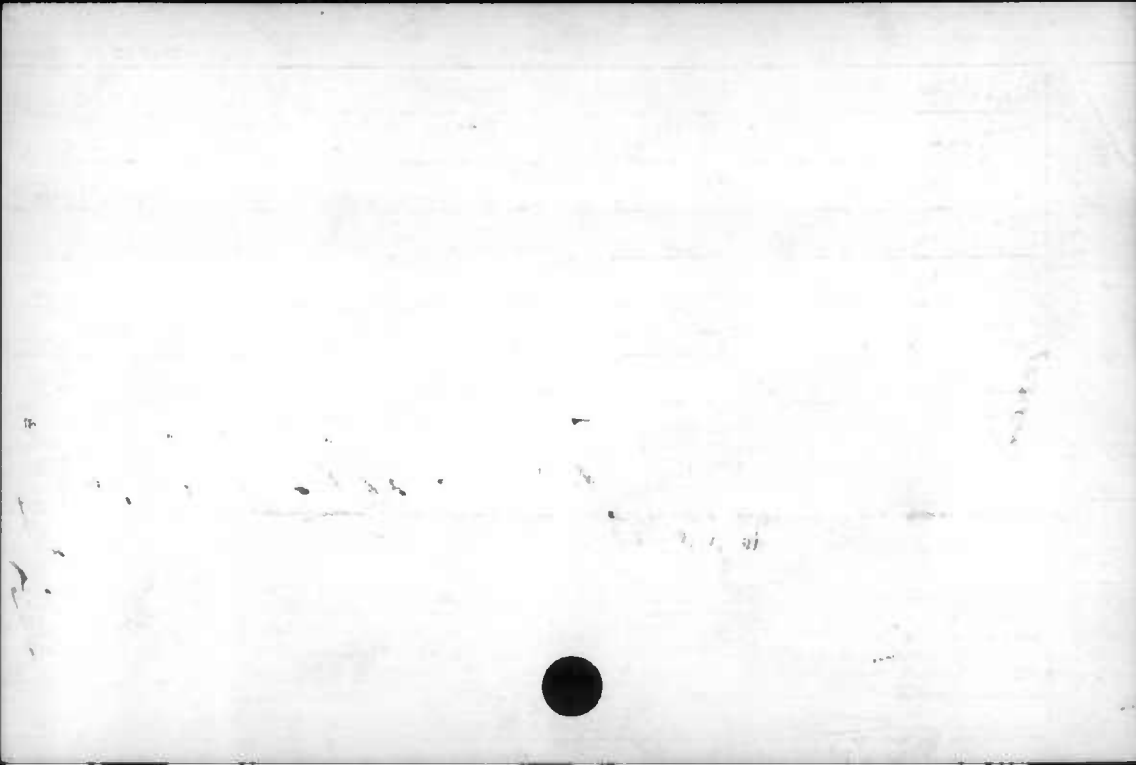
Signature of  
Physician

Address

Alfred T. Parsons  
Paloma Park, Ind.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **May E Folsom**

Died at **Somerset** <sup>Town</sup> **Montgomery** <sup>County</sup> **MARYLAND**

Date of death **1909** <sup>Month</sup> **April** <sup>Day</sup> **24** <sup>Years</sup> **Age** **28** <sup>Months</sup> **—** <sup>Days</sup> **—**

Sex **Female** Color or Race **W.** Birth-place **Nashington D.C.**

Occupation **Housewife** Where Residing if not at place of death **Somerset, Heights**

Married, ~~Single~~ <sup>or</sup> ~~Widowed~~ Name of Wife or Husband **Wm. C. Folsom**

Father's Name **Hambleton E. Dean** Father's Birthplace **Ind**

Mother's Maiden Name **Anna B. Hamble** Mother's Birthplace **Ind**

Name of person giving information **C. J. Lawler** How related to deceased **none**

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

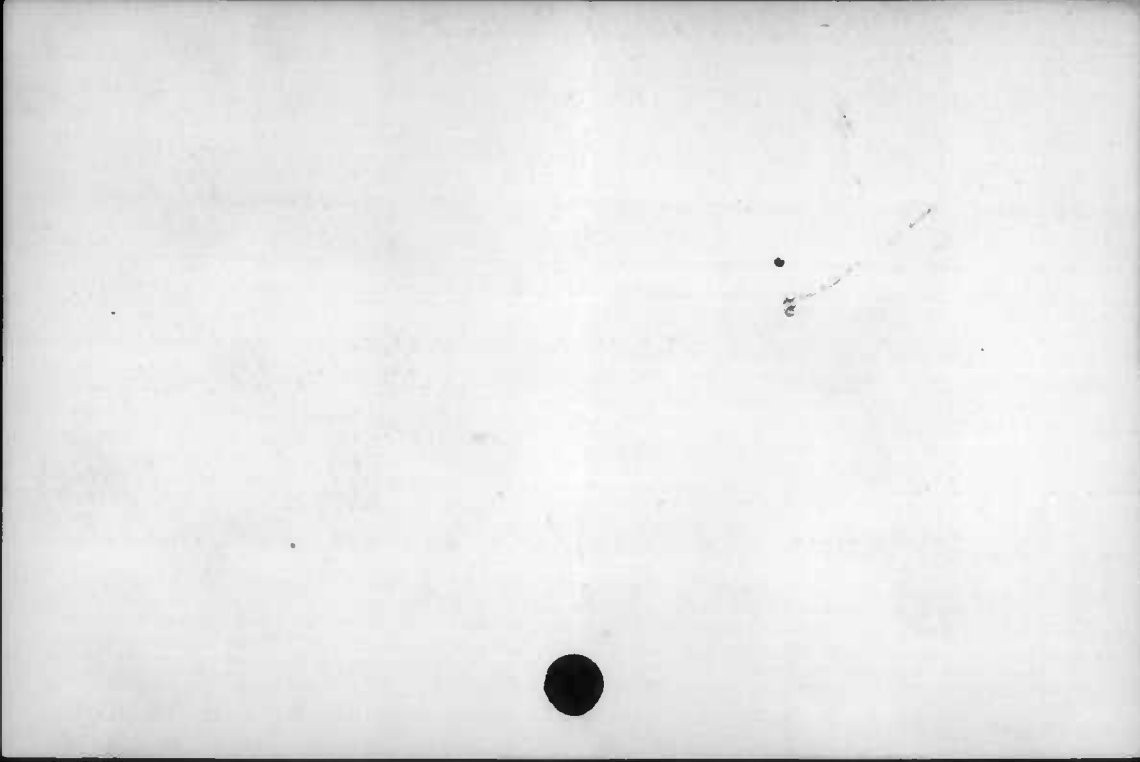
Primary **General Pulmonary Tuberculosis** How long **6 months**

Immediate **General Tuberculosis, Cardiac asthma** How long **six weeks**

Are the name, age, sex, color, date and place correctly given above? **Yes** Signature of Physician **Wm. C. Folsom**

Address **Bethesda, Ind.**

Accident or Suicide?



Name  
in  
Full

William Frazier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Goshen Montg County  
Date of death 1909 4 Month 30 Day 19 Age 1 Months 19 Days

Sex Male Color or Race Colored Birth-place Md.

Occupation Labourer (Farm) Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Leont know

Father's Birthplace Leont know

Mother's Maiden Name Charlotte Bowie

Mother's Birthplace Md

Name of person giving Information Basil Frazier

How related to deceased not related

CAUSES OF DEATH

Primary Whooping Cough  
Immediate Pneumonia

8 How long  
Leont know How long  
1 week

Are the name, age, sex, color, date and place correctly given above? yes

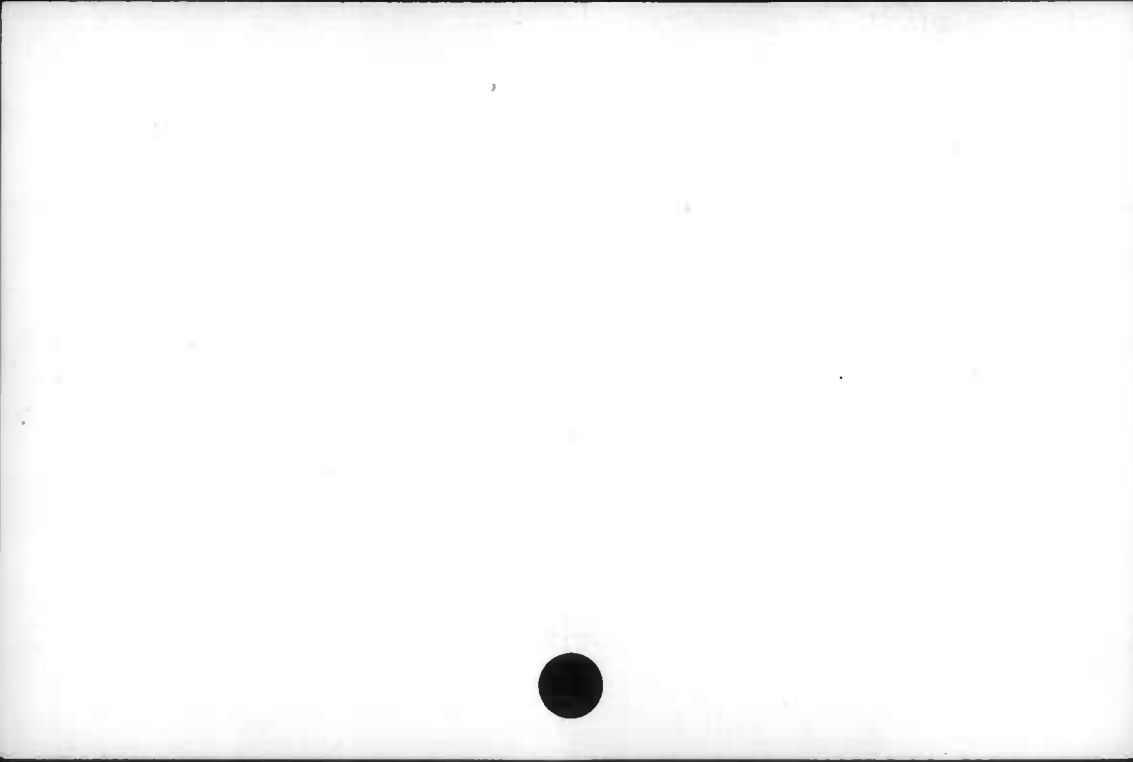
Signature of Physician

Address

A. B. Hadley  
Gaithersburg  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Eli Marshall Gilbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Laytonville*

Town

*Montgomery*

County

Date of death *1909 April*

Month

Day

Age *24*

Years

*6*

Months

*19*

Days

Sex *Male*Color or Race *White*Birthplace *Woodsboro, Frederick Co*Occupation *Dealer in buggies & Carriages*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

*Not married*Father's Name *Eli M Gilbert*Father's Birthplace *Frederick Co*Mother's Maiden Name *Emma Hammond*Mother's Birthplace *Frederick Co*Name of person giving information *Eli M Gilbert*How related to deceased *Father*

## CAUSES OF DEATH

93

Primary

*Acute Lobar Pneumonia*

How long

*7 days*

Immediate

*Heart Failure*

How long

*3 hours*

Are the name, age, sex, color, date and place correctly given above?

*yes*

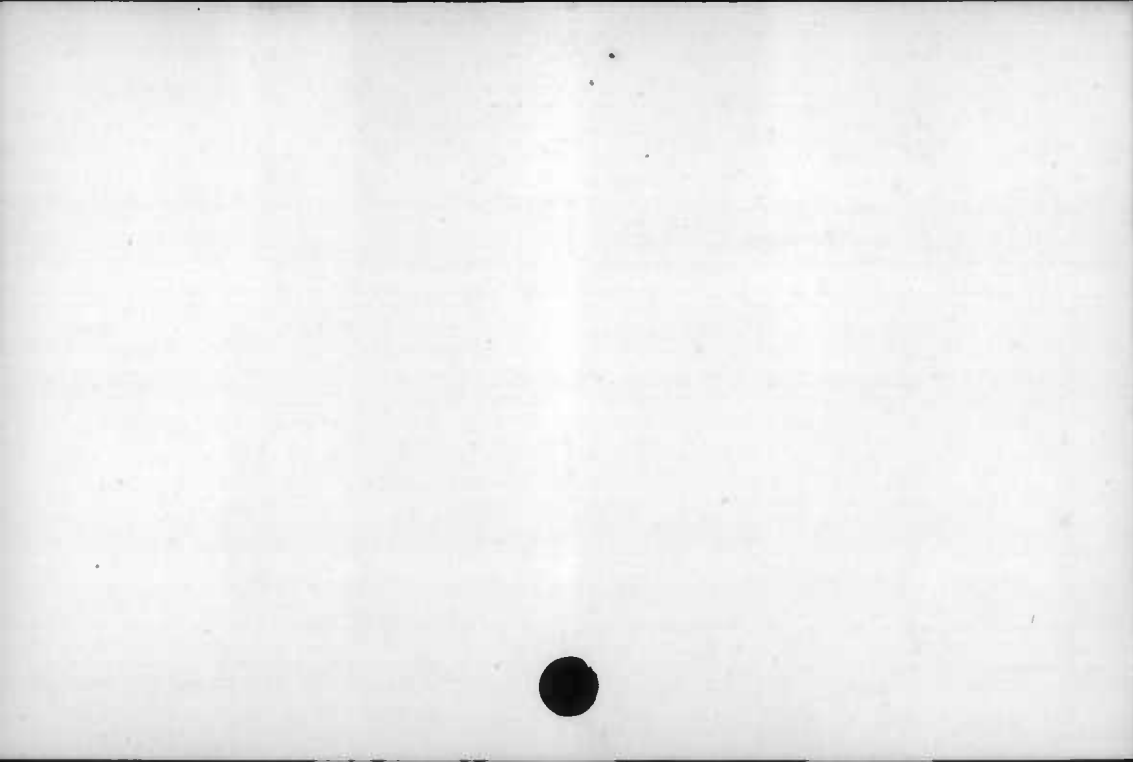
Signature of Physician

*J H Dyeon*

Address

*Laytonville Md*

Accident or Suicide?





Name  
in  
Full

Barbarie Irene Glossop

## CERTIFICATE OF DEATH

Town

County

Died at BannockvilleMontgomery Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

Apr6

Age

——23 hours

Sex

FemaleColor or  
RaceBlackBirth-  
placeBannockville, Ind

Occupation

~~Housewife~~ HomeWhere Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameJohn GlossopFather's  
BirthplaceLong, VaMother's  
Maiden NameLaura MercerMother's  
BirthplaceBannockville, IndName of person giving  
Information""How related  
to deceasedMother

## CAUSES OF DEATH

151

Primary

5 1/2 month miscarriage

How long

lived 23 hours

Immediate

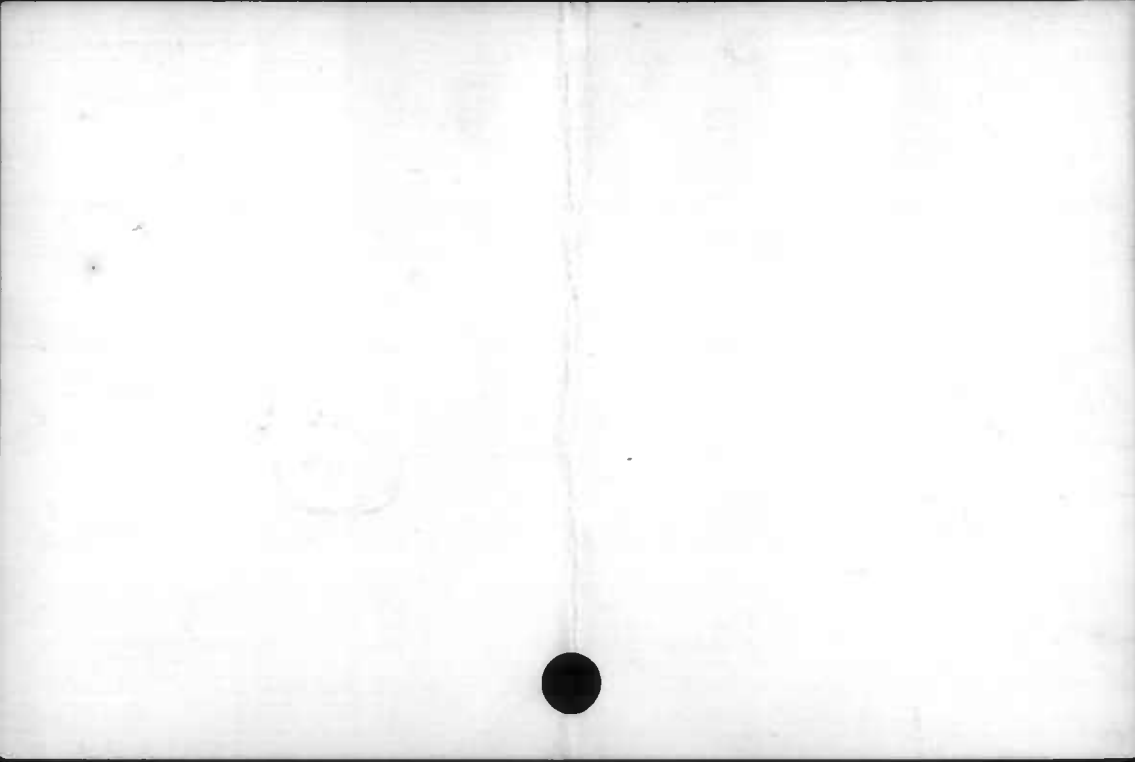
Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
Physician

Address

Taylor E. Doherty  
Bannockville, Ind

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Chas. Guy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Ashton <sup>Town</sup>		Boulgouery <sup>County</sup>		MARYLAND
	Date of death		1909	April <sup>Month</sup>	7 <sup>th</sup> <sup>Day</sup>	Age 31 <sup>Years</sup>	Months — Days —
	Sex		Male		Color or Race Colored		Birth-place Norfolk Va.
	Occupation		Waiter		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband Susan B. Lawson		
	Father's Name		Frank Guy		Father's Birthplace Virginia		
	Mother's Maiden Name		Annie Guy		Mother's Birthplace Virginia		
Name of person giving information		Rev. W. W. Lawson		How related to deceased		Father in law	
				CAUSES OF DEATH		27	
PHYSICIAN OR CORONER	Primary		Pulmonary Tuberculosis			How long 3 months	
	Immediate		Hemorrhage			How long Short time	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Chas. Fargusson		
					Address Olney, Md.		
Accident or Suicide?							



Name  
in  
Full

Elizabeth Hackett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

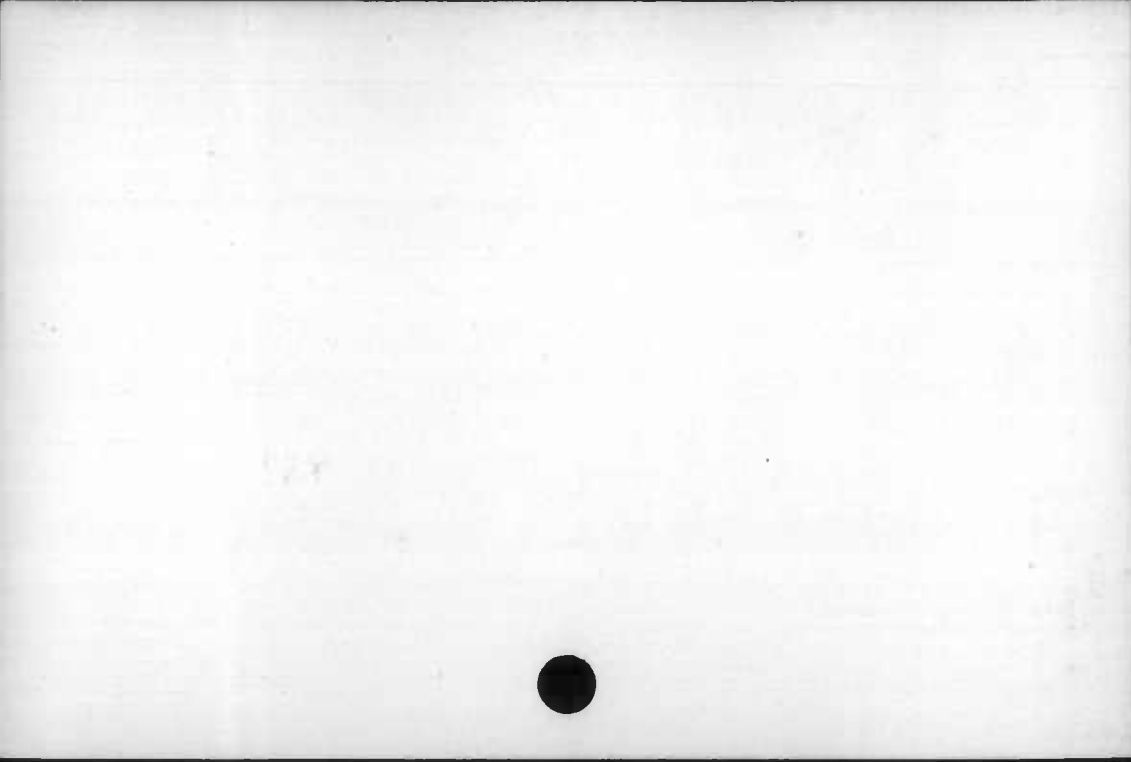
Died at <i>Handy Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>7th</i>	Age <i>2.</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co., Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>None</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>John Hood</i>	Father's Birthplace <i>Montg. Co., Md.</i>			Mother's Birthplace <i>Montg. Co., Md.</i>	
Mother's Maiden Name <i>Gracie Hackett</i>	How related to deceased <i>Uncle</i>				
Name of person giving information <i>Irene Hackett</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Scrofula, Eczema.</i>	How long <i>Two years</i>
Immediate <i>Pneumonia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. Fargus, M.D.</i>
<i>Yes</i>	Address <i>Olney.</i>
Accident or Suicide?	<i>Md.</i>



Name  
in  
Full

John Henry Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Rockville* <sup>County</sup> *Montgomery* **MARYLAND**

Date of death <sup>Month</sup> *Apr* <sup>Day</sup> *28* <sup>Years</sup> *62* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation *Farmer* Where Residing if not at place of death

Married, Single ~~or Widowed~~ Name of Wife or Husband *Eliza Harris*

Father's Name *Madison Franklin Harris* Father's Birthplace *Ind*

Mother's Maiden Name *Granger* Mother's Birthplace *Ind*

Name of person giving Information *J. J. Higgins* How related to deceased *none*

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary *Chronic Bright Dis.* How long *4 or 5 yrs*

Immediate *Uremic Convulsion & Coma* How long *12 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Clairborne Mannat.*

Address

Accident or Suicide





Name  
in  
Full

Robert John Henley

CERTIFICATE OF DEATH

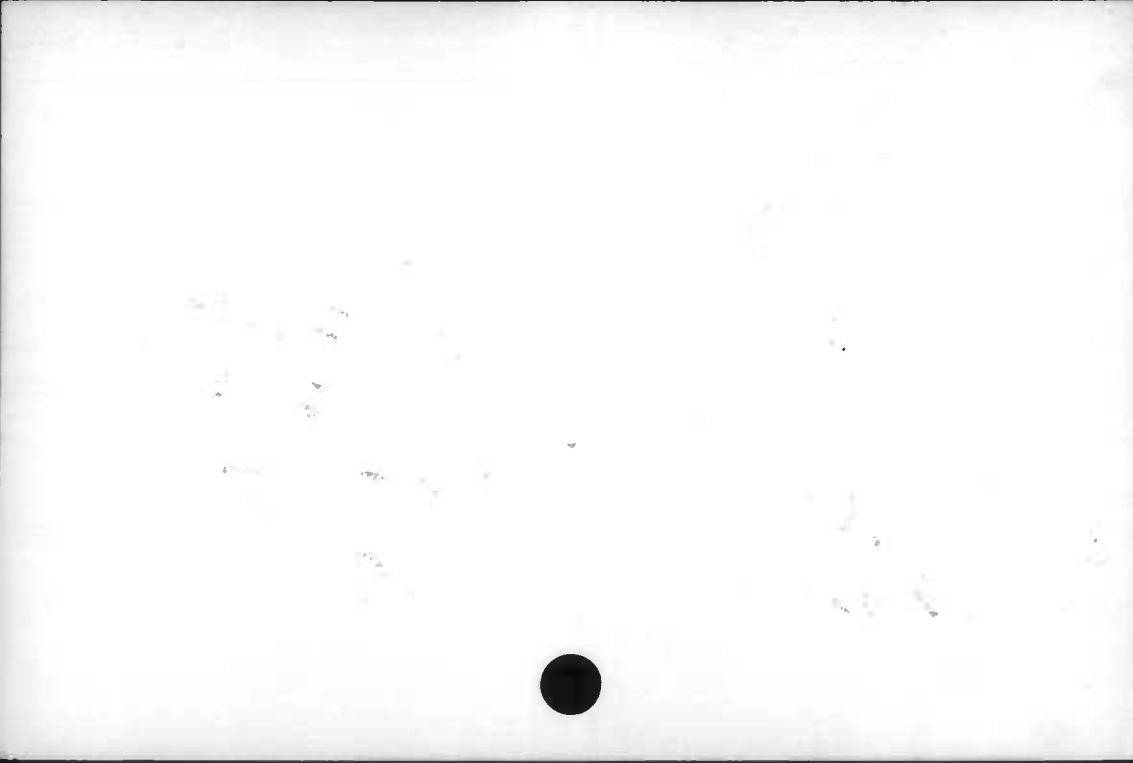
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bethesda</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death 190 <u>9</u>	Month <u>4</u>	Day <u>7</u>	Age <u>77</u>	Years	Months
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Montg. Co. Md.</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sarah Henley</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Name of person giving Information <u>Randolph Gray</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senility</u>	How long <u>66</u>
Immediate <u>Paralysis</u>	How long <u>36 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John L. Lewis, M.D.</u>
	Address <u>Bethesda, Md.</u>
Accident or Suicida	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

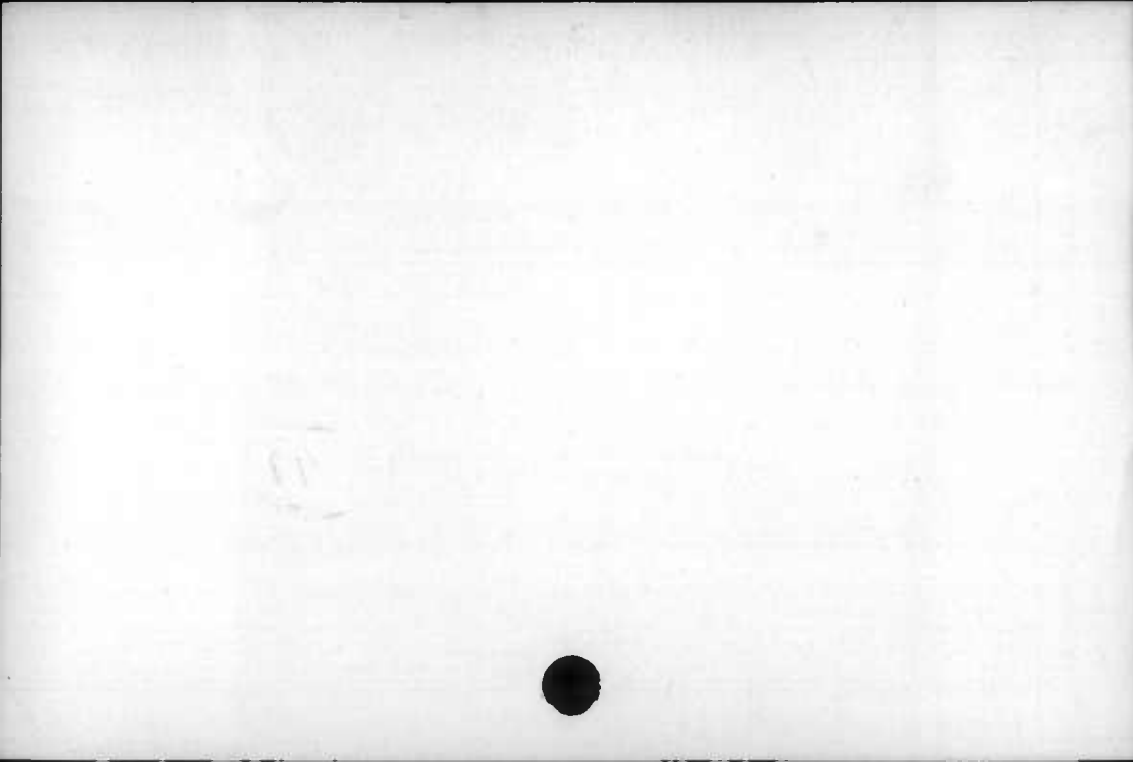
Name in Full <i>Mary Rebecca Hill</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Sandy Spring</i>		Town <i>Sandy Spring</i>		City <i>Montgomery</i>	
Date of death	1909	Month <i>April</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birthplace <i>Montg. Co. Md.</i>	Months <i>7</i>	Days <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Samuel Thoms. Hill</i>	Father's Birthplace <i>Montg. Co. Md.</i>				
Mother's Maiden Name <i>Mary E. Hill</i>	Mother's Birthplace <i>Montg. Co. Md.</i>				
Name of person giving information <i>Samuel T. Hill</i>	How related to deceased <i>Father.</i>				

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Catarrhal Pneumonia</i>	How long <i>30 days</i>
Immediate <i>Asthenia</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehar,</i>
	Address <i>Olney,</i>
	<i>Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

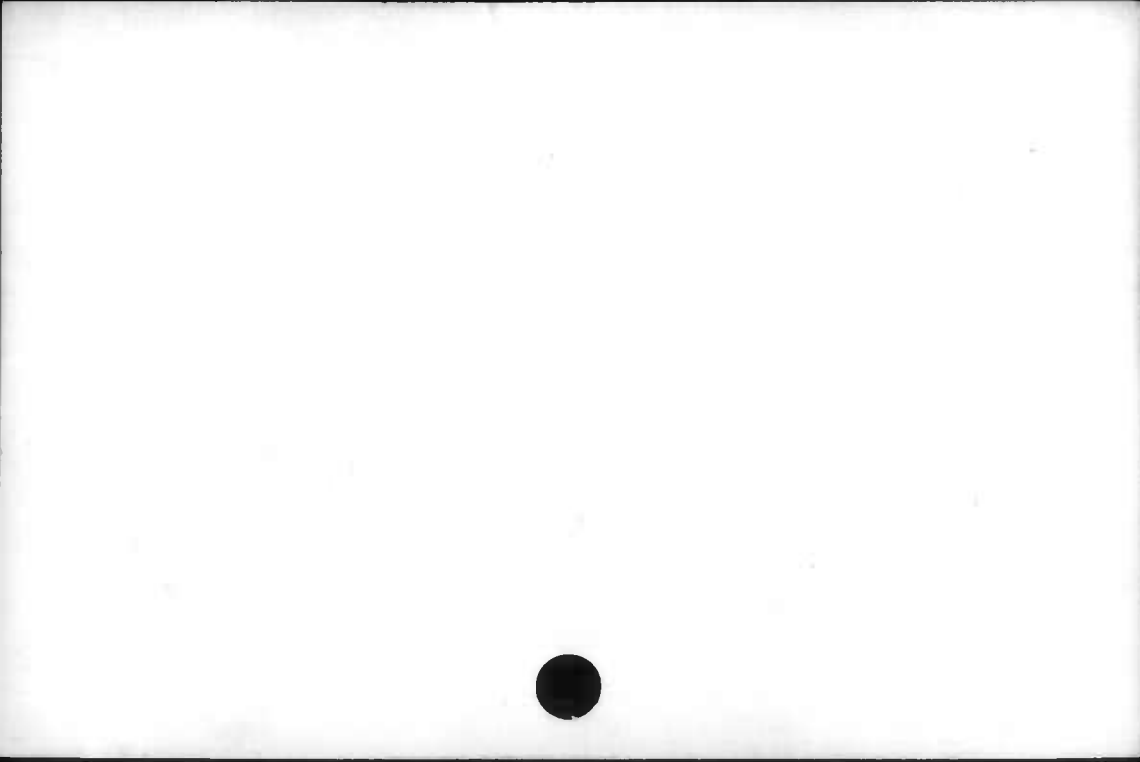
Name *Ray. W. Jackson* Town *Potomac* County *Montgomery* MARYLAND  
Died at  
Date of death 190 *9* *April* Month Day Age *5* Years Months Days *11*  
Sex *Male* Color or Race *White* Birth-place *Potomac, Md*  
Occupation *Infant* Where Residing if not at place of death  
Married, Single or Widowed ☒ Single Name of Wife or Husband  
Father's Name *Ray G. Jackson* Father's Birthplace *Md*  
Mother's Maiden Name *Md* Mother's Birthplace *Md*  
Name of person giving Information *Ray G. Jackson* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Gastro-Enteritis* How long *4 days*  
Immediate *Asthma* How long *3 days*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. J. Ready*  
Address *3325 N. St. Ab.*  
Accident or Suicide



Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

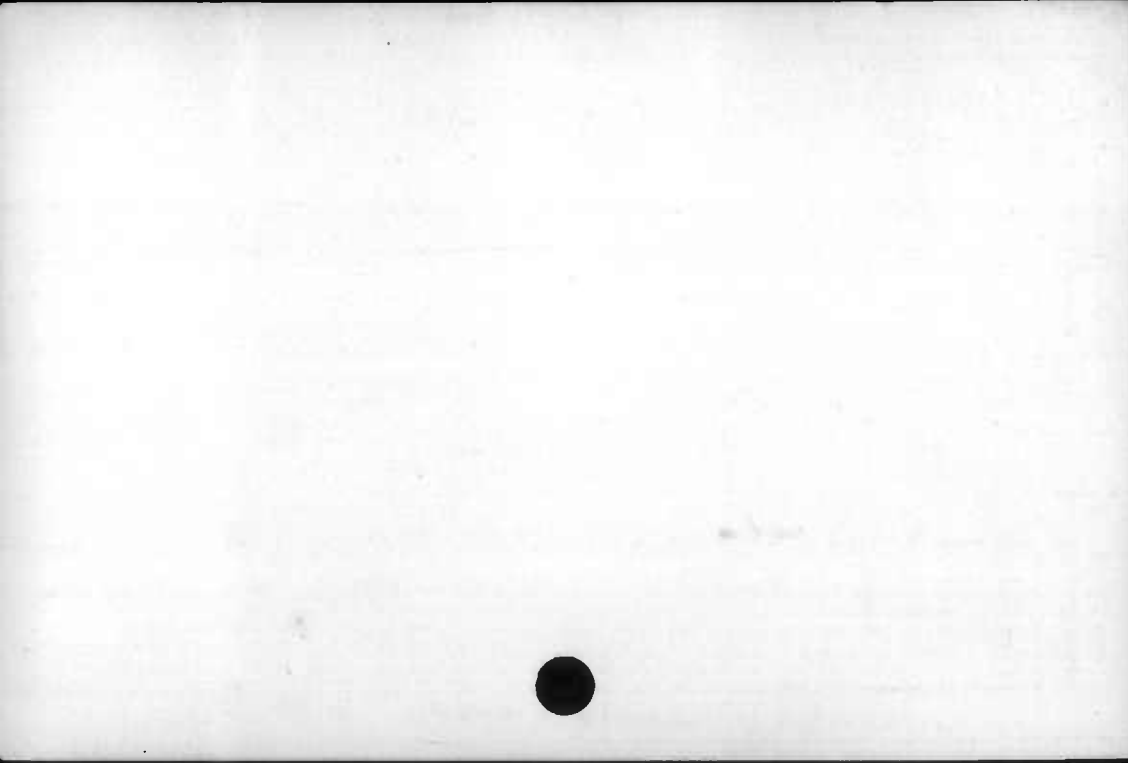
Died at <i>Rockville</i>		Town <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>4</i>		Day <i>17</i>		Age <i>X</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Ind</i>		Months <i>8</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>D. S. Smith</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>Allice Johnson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Allice Johnson</i>		How related to deceased <i>mother</i>					

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>5 days</i>	
Immediate <i>Exhaustion</i>		How long <i>X</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. M. Smith</i>	
		Address <i>Rockville</i>	
Accident or Suicide? <i>No</i>		<i>Ind</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

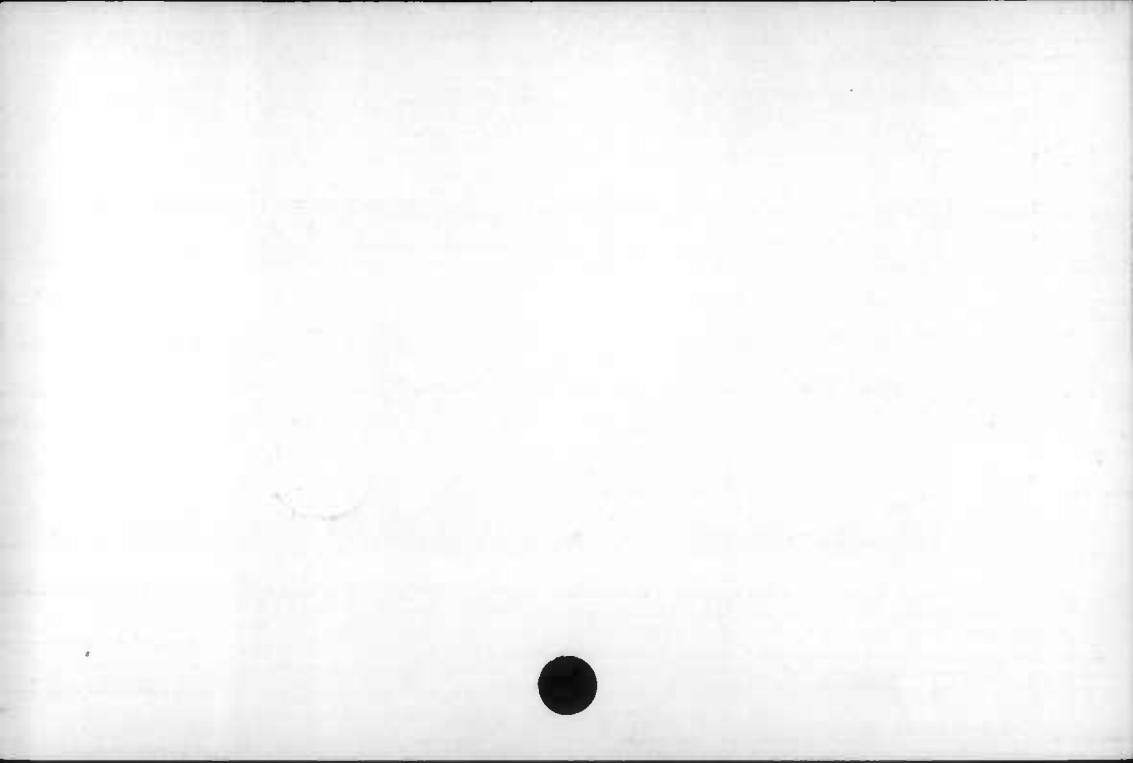
Name in Full <i>Stella May Jones</i>		Town <i>Boobaville</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Boobaville</i>		Month <i>Apr</i>		Day <i>27</i>		Years <i>36</i>	
Date of death <i>1904</i>		Month <i>Apr</i>		Day <i>27</i>		Months <i>12</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>			
Occupation <i>Housemaid</i>		Where Residing if not at place of death <i>Boobaville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Senix Jones</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Mollie Peters</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Mollie Jones</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

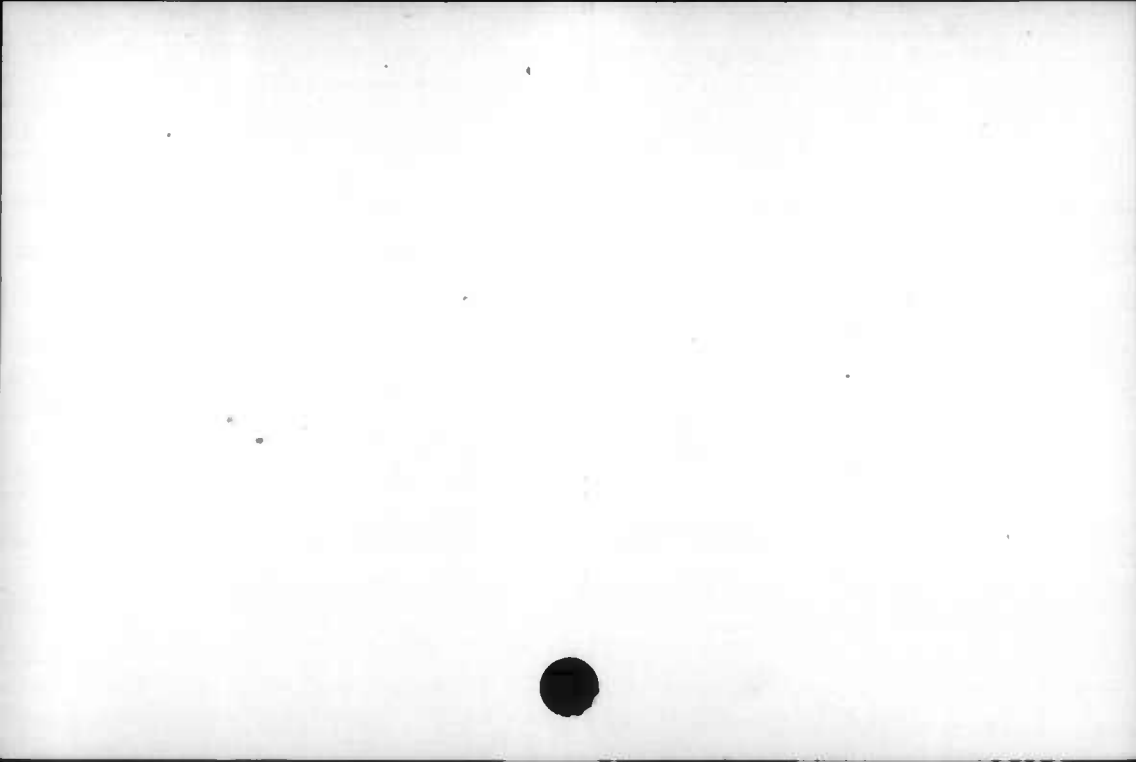
27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>4 months</i>
Immediate <i>Cardiac asthma</i>	How long <i>2 day's</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>EW White</i>
	Address <i>Boobaville MD</i>
Accident or Suicide?	



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Wheaton</i> Town		County <i>Montgomery</i>		
		Date of death <i>1909</i>		Month <i>April</i>	Day <i>6</i>	Age <i>21</i> Years
		Sex <i>Female</i>		Color or Race <i>Colored</i>	Birthplace <i>Md.</i>	Months <i>5</i> Days <i>13</i>
		Occupation <i>cook</i>		Where Residing if not at place of death		
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		
		Father's Name <i>Henry Kelley</i>		Father's Birthplace <i>Md.</i>		
		Mother's Maiden Name <i>Madaline Thatta</i>		Mother's Birthplace <i>"</i>		
Name of person giving information <i>"</i>		<i>"</i>		How related to deceased <i>Mother</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <i>Nephrotic Chronic</i>		How long <i>Several mos.</i>		
		Immediate <i>Ascites</i>		How long <i>3 weeks</i>		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Brown</i>		
		<i>Yes</i>		Address <i>Silver Spring Md.</i>		
		Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

John Little  
 Died at <sup>Town</sup> *Travilah* <sup>County</sup> *Montgomery* **MARYLAND**  
 Date of death 190 <sup>Month</sup> *APR* <sup>Day</sup> *29* 1909 <sup>Years</sup> *68* <sup>Months</sup> *X* <sup>Days</sup> *X*  
 Sex *Male* Color or Race *White* Birth-place *England*  
 Occupation *Stone mason* Where Residing if not at place of death *X*  
 Married, Single or Widowed *Single* Name of Wife or Husband *X*  
 Father's Name *Unknown* Father's Birthplace *Unknown*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
 Name of person giving Information *E. H. Harbor* How related to deceased *None*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Valvular heart lesions* How long *Several years*  
 Immediate *Acute Indigestion* How long *Found dead*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo R. Bell*  
 Address *Potomac Md* *Coroner*  
 Accident or Suicide *Neither*



Name  
in  
Full

Thomas. Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

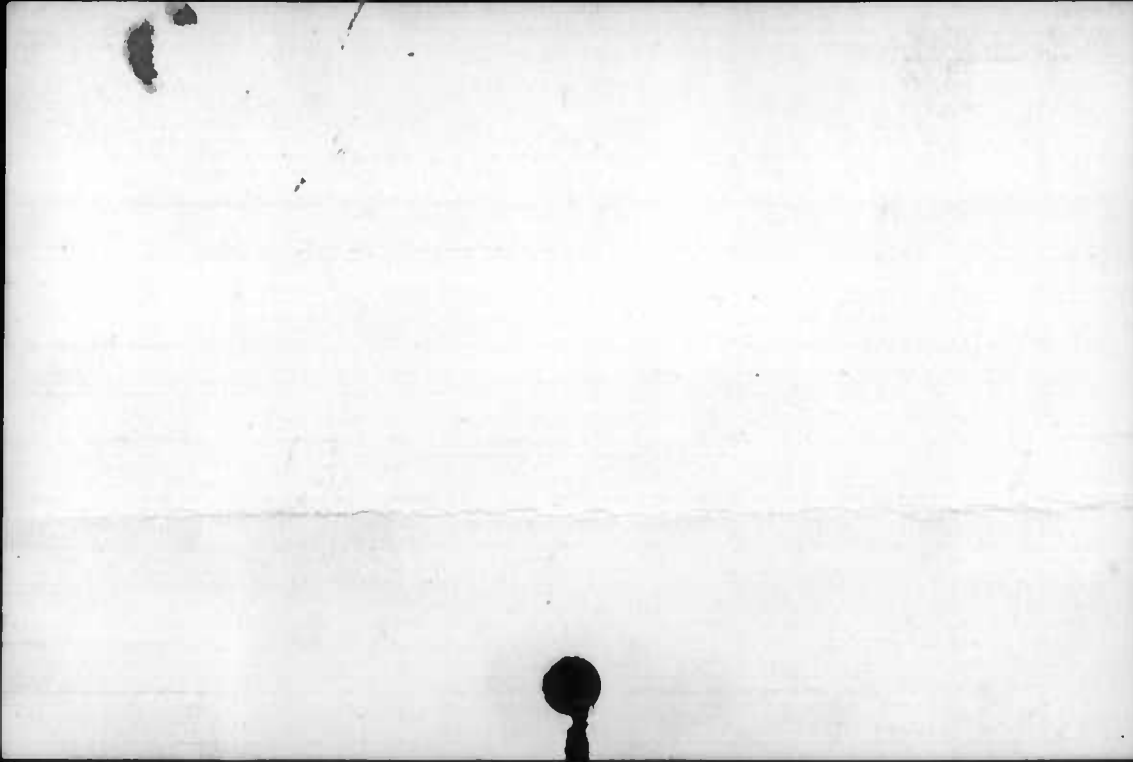
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		April	16	95	5	5	4
Sex	Male			Color or Race	White		
Occupation	Merchant			Birth-place	Montgomery Co.		
Where Residing if not at place of death							
Married, Single or Widowed	Married			Name of Wife or Husband	Henrietta Moore		
Father's Name	Nathaniel P. Moore			Father's Birthplace	Montgomery Co		
Mother's Maiden Name	Nancy Wheeler			Mother's Birthplace	Montgomery Co		
Name of person giving information	James. Harding			How related to deceased	Son-in-law		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Grippe	How long	9 days
Immediate	Heart failure	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. R. Barker	
Address		Spencerville, Md	
Accident or Suicide?			





Name  
in  
Full

George Cundock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

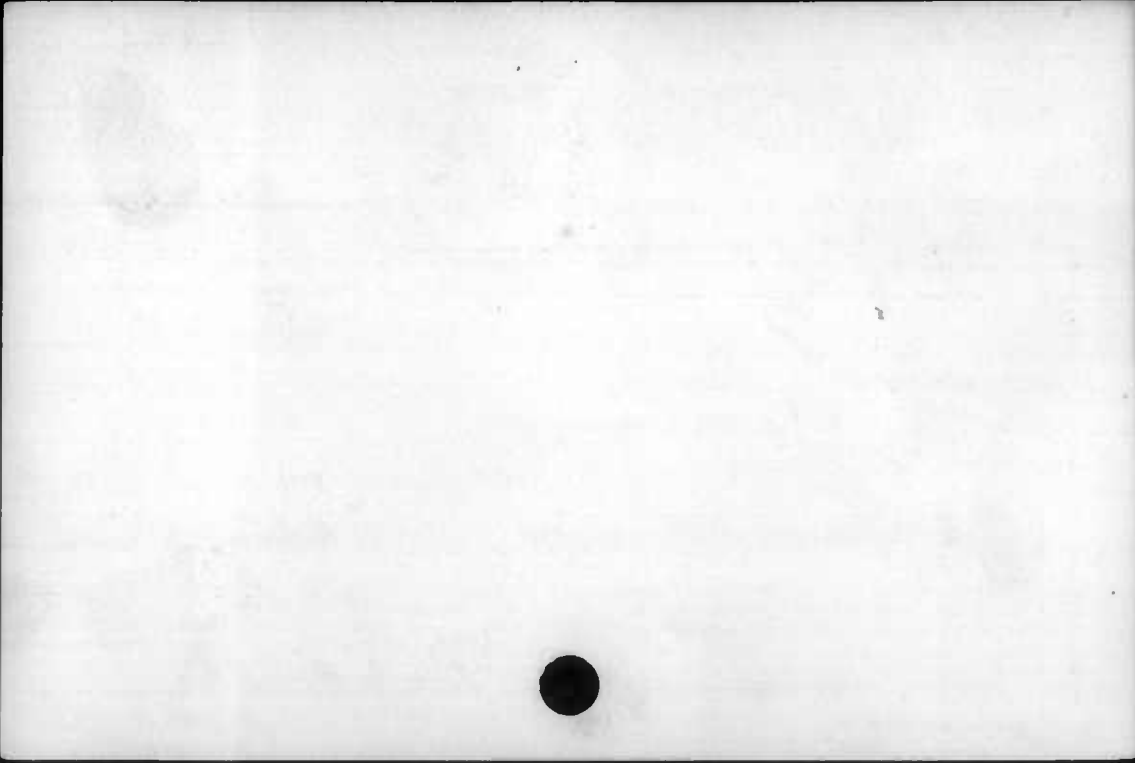
Died at <i>Danwood</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>25</i>	Age <i>26</i> Years	Months <i>26</i> Days
Sex <i>male</i>	Color or Race <i>black</i>		Birth-place <i>Ind</i>		
Occupation <i>writer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>John J. Cundock</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Mary Johnson</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>J. Johnson</i>	How related to deceased <i>sister</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>7 mons</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>7 mons</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Henderson</i>
	Address <i>Rockville</i>
Accident or Suicide?	<i>Ind</i>



Name  
in  
Full

Played Pretty man

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

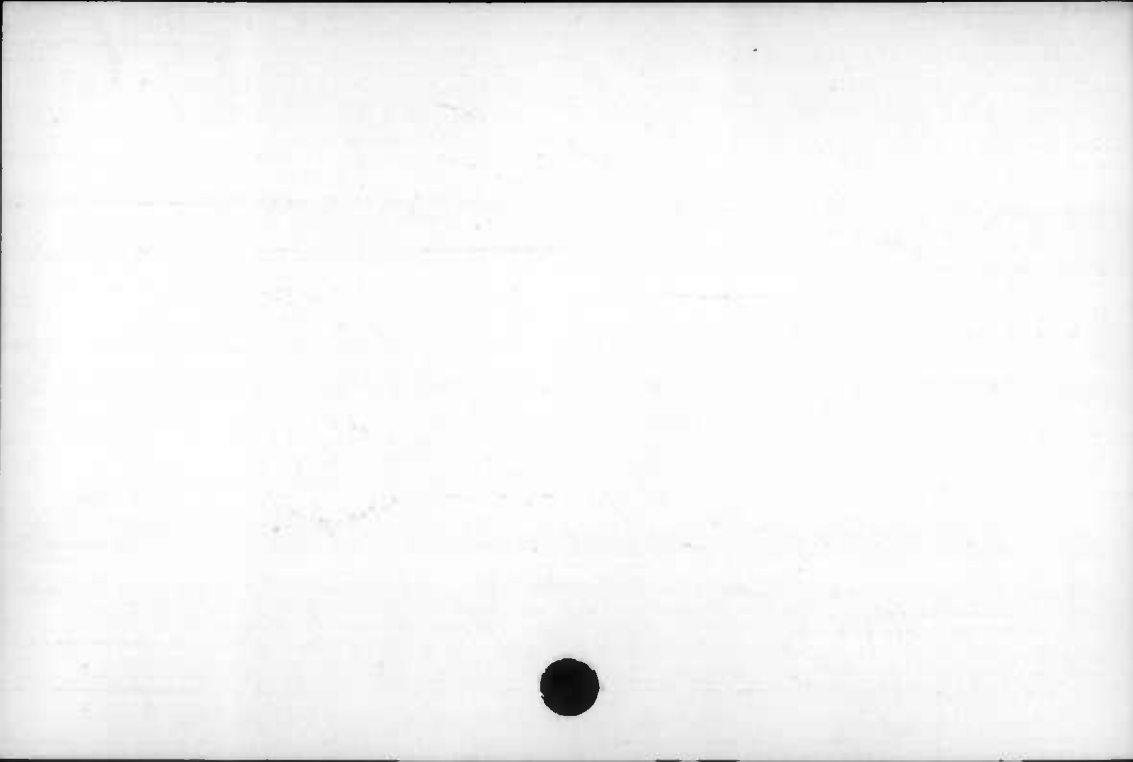
Died <sup>near</sup> <i>Brookville</i> <sup>Town</sup>		<i>Montg</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Apr.	Day	27
Age		8		Years	3
Sex	Male		Color or Race	Colored	
Occupation	Laborer		Birth-place	Howard Co.	
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband	<i>Eliza Pretty man</i>	
Father's Name	Don't Know		Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know		Mother's Birthplace	Don't Know	
Name of person giving information	<i>W. M. G. Oving</i>		How related to deceased	Not related	

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

Primary	<i>Arterio-Sclerosis</i>		How long	<i>About 1 year</i>
Immediate	<i>With heart complications</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	<i>W. F. Green</i>
			Address	<i>Brookville, Md.</i>
Accident or Suicide?				



Name  
in  
Full

Mary E Rablitt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Middlebrook</u> <sup>Town</sup>		<u>Montg</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	Month <u>April</u>	Day <u>20</u>	Age <u>83</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Gaithersburg</u>			
Occupation <u>House-Wife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James E Rablitt</u>				
Father's Name <u>Dont know</u>	Father's Birthplace <u>Dont know</u>				
Mother's Maiden Name <u>Dont know</u>	Mother's Birthplace <u>Dont know</u>				
Name of person giving information <u>Joe Rablitt</u>	How related to deceased <u>Grand son</u>				

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>	How long <u>8 months</u>
Immediate <u>Senile decay</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E E Echeveria</u>
	Address <u>Gaithersburg Md</u>
Accident or Suicide? <u>—</u>	



Name in Full		Anna M. Schoorley				X		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Derwood		County Montgomery		MARYLAND				
	Date of death		9 April	6	Age	78	Months	4	Days	15	
	Sex		female		Color or Race		white		Birth-place		New Jersey
	Occupation		None		Where Residing if not at place of death						
	Married, Single or Widowed		Widowed		Name of Wife or Husband		Elizabeth M. Schoorley				
	Father's Name		Thomas Merritt		Father's Birthplace		New Jersey				
	Mother's Maiden Name		Jane Haskell		Mother's Birthplace		New Jersey				
Name of person giving information		Miss Mary Merritt		How related to deceased		daughter					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Chronic Interstitial Nephritis				How long		2 years		
	Immediate		Uremic Coma				How long		2 days		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		George E. Lewis, M.D.				
					Address		Rockville, Md.				
	Accident or Suicide?										

120

July 21

08 11  
1909 - 12 - 30  
4 - 5

1830 - 7 - 21

---

78 4 - 15



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Virginia Scott

Town

County

Died at

Bundick

Maryland

MARYLAND

Date

of death 1909

Month

April

Day

13

Years

Age

1

Months

4

Days

Sex

Female

Color or  
Race

Negro

Birth-  
place

Bundick Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Scott

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

James Scott

How related  
to deceased

Father

## CAUSES OF DEATH

8

Primary

Whooping Cough

How long

4 wks

Immediate

Acute Bronchitis

How long

2 days

Are the name, age, sex, color, data  
and place correctly given above?

Yes

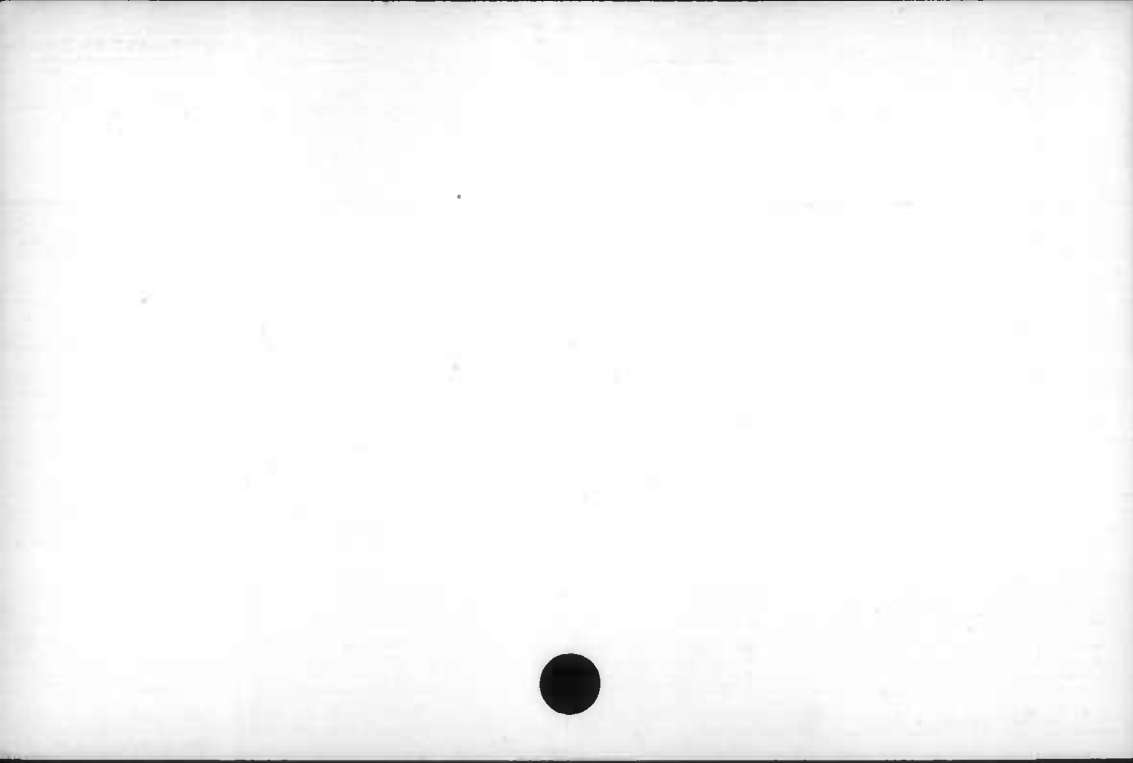
Signature of  
Physician

Address

J. H. Jones

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Martha Selby* **Town** *Gaithersburg* **County** *Montg*

**Died at** *Gaithersburg* **Month** *4* **Day** *24* **Years** *52* **Months** *0* **Days** *0*

**Date of death** *1909* **Age** *52*

**Sex** *Female* **Color or Race** *White* **Birth-place** *Md*

**Occupation** *Housekeeper* **Where Residing if not at place of death** *Same*

**Married, Single or Widowed** *Widowed* **Name of Wife or Husband** *Edward Selby*

**Father's Name** *Wm Reed* **Father's Birthplace** *Md*

**Mother's Maiden Name** *Mary Thompson* **Mother's Birthplace** *"*

**Name of person giving Information** *Rebecca Reed* **How related to deceased** *Sister*

CAUSES OF DEATH

79

**Primary** *Mitral Regurgitation* **How long** *8 months*

**Immediate** *Exhaustion* **How long** *1 day*

**Are the name, age, sex, color, date and place correctly given above?** *yes* **Signature of Physician** *E. C. Etchison*

**Address** *Gaithersburg*

**Accident or Suicide** *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Catherine Thomas Stephens

Died at <sup>Town</sup> *Juniper Orchard* <sup>County</sup> *Montg.*

MARYLAND

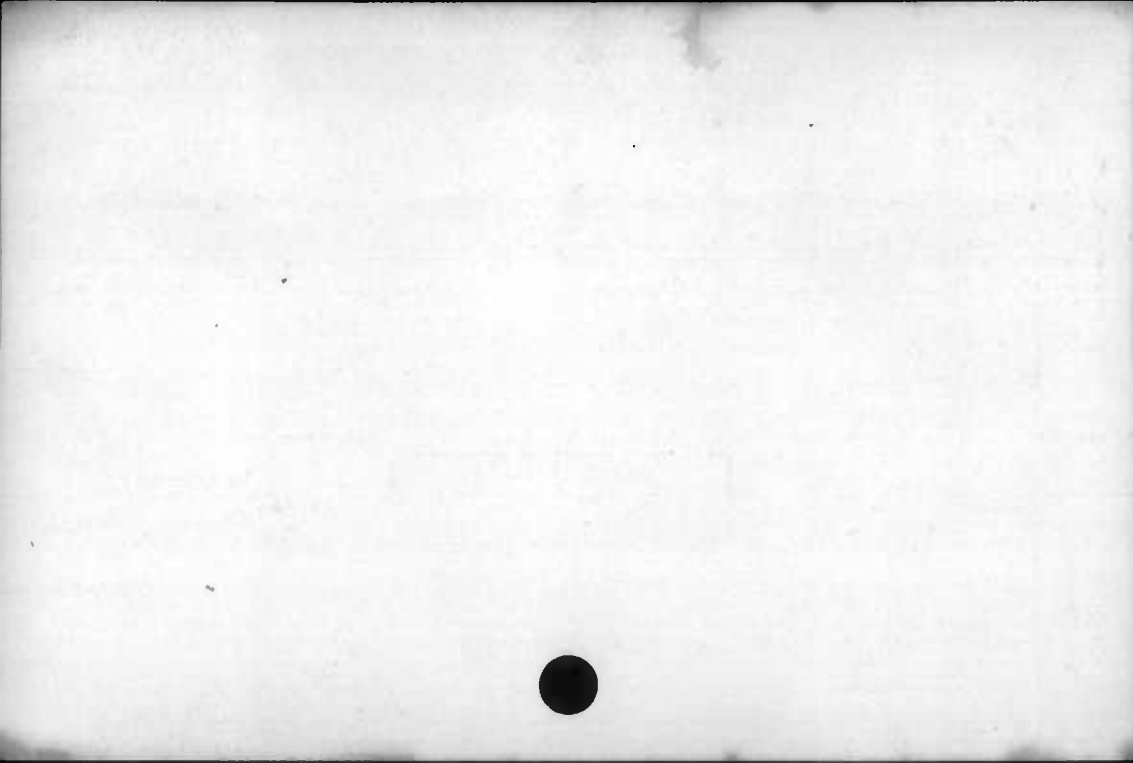
Date of death <sup>Month</sup> *4* <sup>Day</sup> *10* <sup>Years</sup> *53* <sup>Months</sup> *—* <sup>Days</sup> *10*Sex *Female* Color or Race *White* Birth-place *Va*Occupation *House Wife* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *James A Stephens*Father's Name *Thos. Pratt* Father's Birthplace *Va*Mother's Maiden Name *Eliza Ann Morgan* Mother's Birthplace *"*Name of person giving information *James A Stephens* How related to deceased *Husband*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONERPrimary *Organic Heart Disease* How long *8 years +*Immediate *Heart Failure* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *H. B. Haddock*Address *Southbury, Conn.*

Accident or Suicide?



Name  
in  
Full

Catharine Sullivan

CERTIFICATE OF DEATH

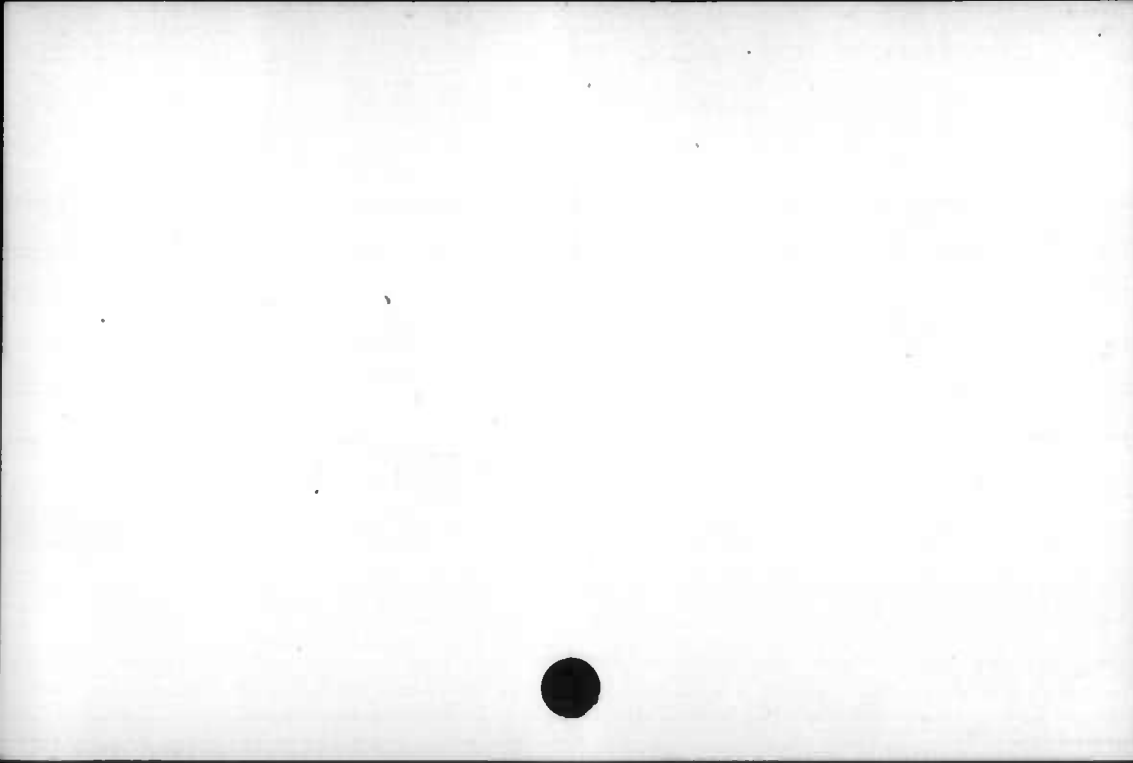
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sligo</u> Town		County <u>Montg.</u>		MARYLAND	
Date of death	1909	Month <u>April</u>	Day <u>19</u>	Age <u>71</u> Years	Months <u>4</u> Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md.</u>		
Occupation <u>Housewife</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Perry Sullivan deceased</u>				
Father's Name <u>Wm Thompson</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Susan Shaw</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Edith Baker</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Carcinoma of Stomach</u>	How long <u>About 1 yr.</u>
Immediate	<u>Syncope</u>	How long <u>48 hrs.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. T. Brown</u>
<u>Yes.</u>		Address
Accident or Suicide?		





Name  
in  
Full

*Alice Rebecca Thompson* CERTIFICATE OF DEATH

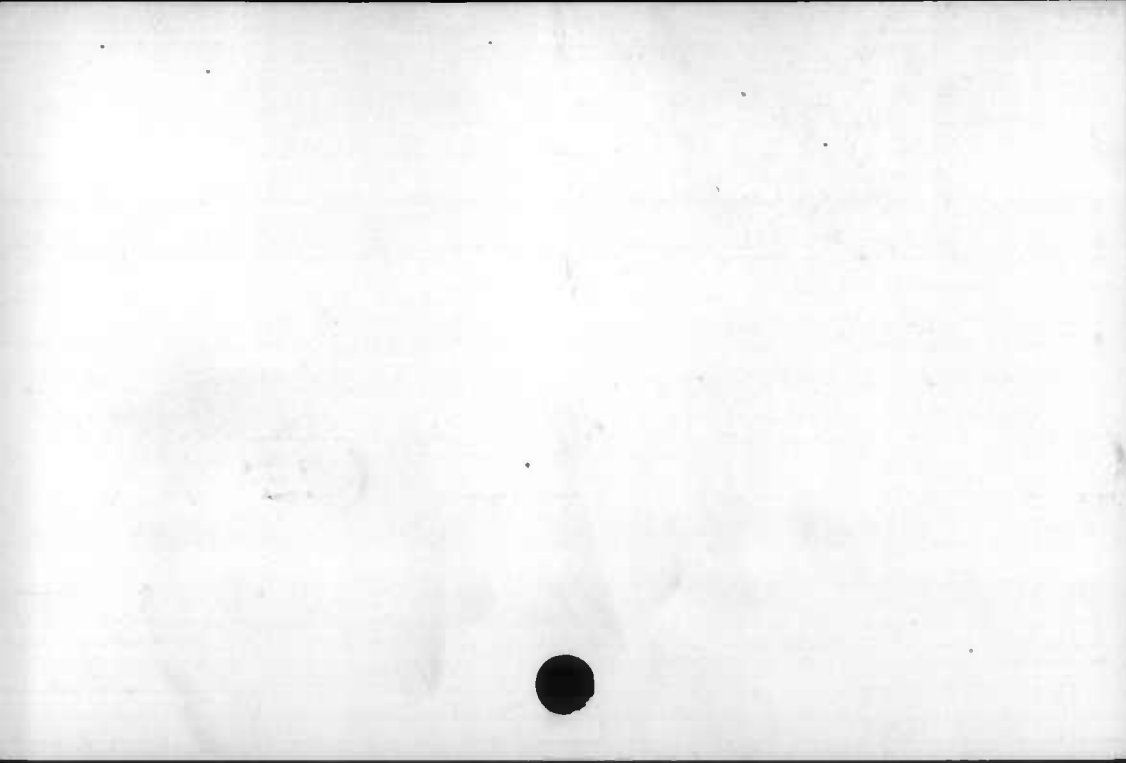
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Marysburg</i>		County <i>Montg</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Apr</i>	Day <i>29</i>	Age	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Henry Thompson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Mother Dixon</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Randolph Dixon</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Cardiac Cathinias</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E W White</i>
	Address <i>Providence md</i>
Accident or Suicide?	



Name  
in  
Full

Thomas Thompson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

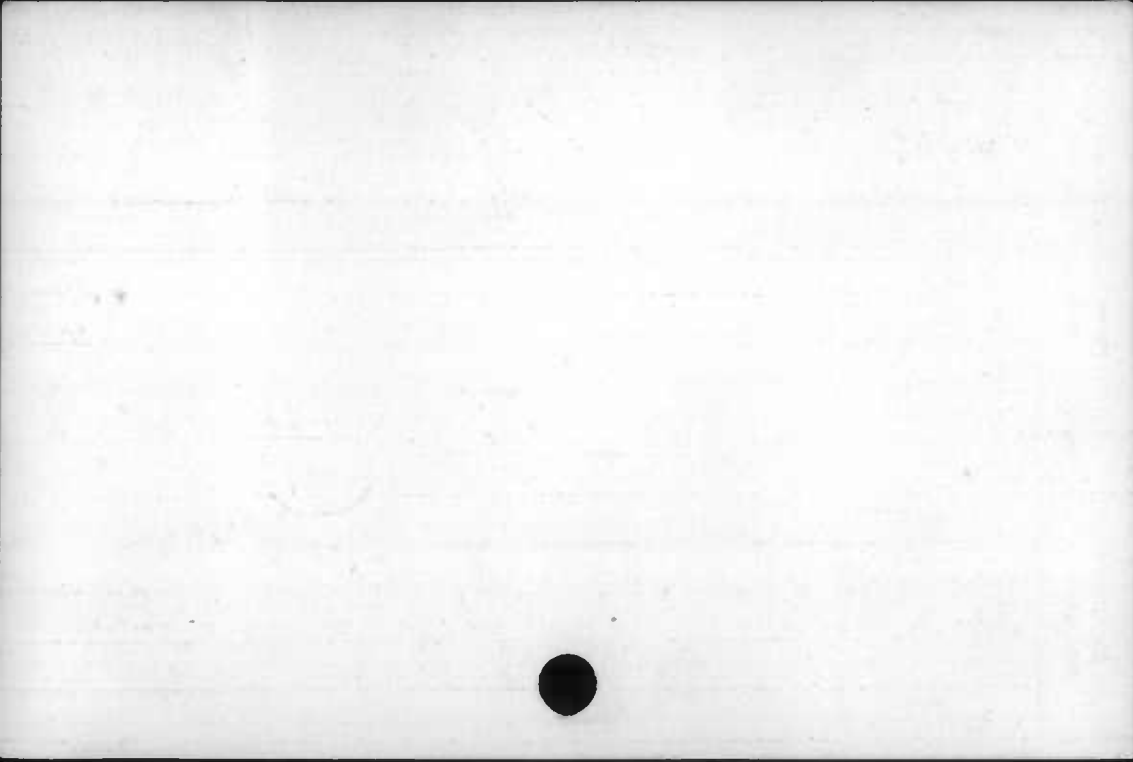
Died at <i>near Rockville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>4</i>	Day <i>16</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Unknown</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs. Phil. Galt</i>				How related to deceased <i>Not at all</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Opportunism</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Elizabeth Thornton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

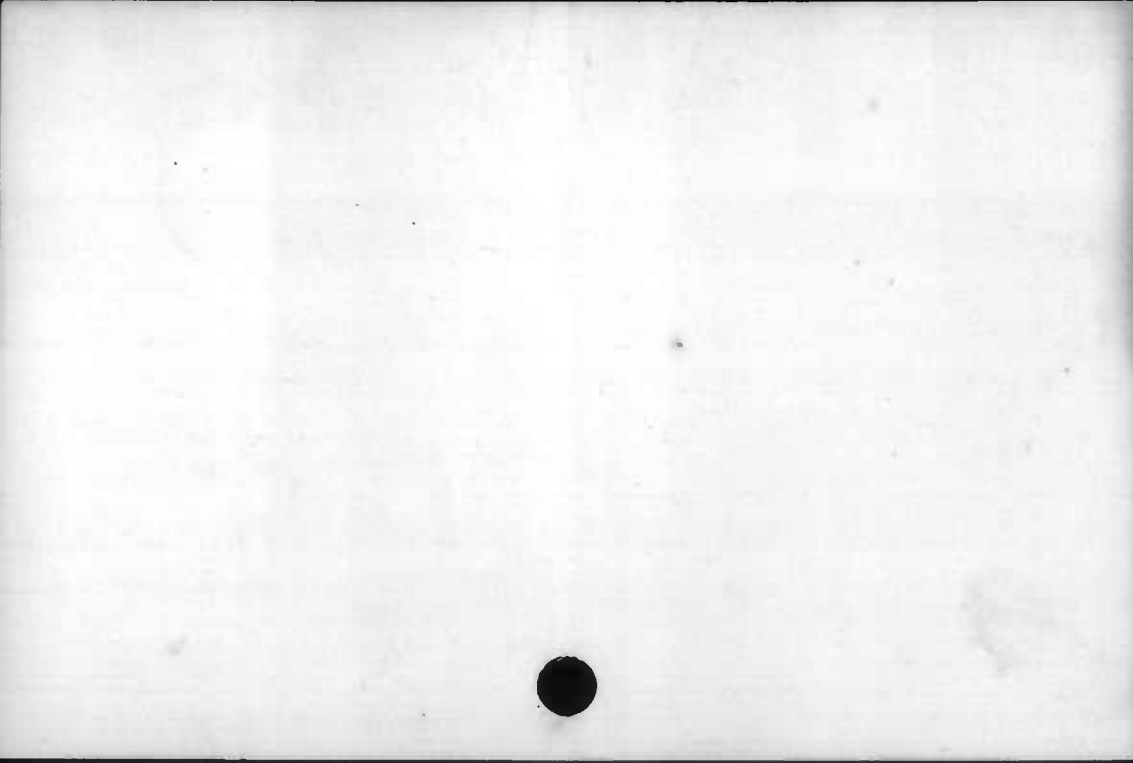
Died at <sup>Town</sup> Brookville		<sup>County</sup> Montgomery		MARYLAND	
Date of death	1909	Month	Apr.	Day	26
Age		56		Months	
Sex	Female		Color or Race	Colored	
Occupation	Housework		Birth-place	Brookville	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
		Beverly Thornton			
Father's Name		Washington Lee		Father's Birthplace	
				Mt. Zion	
Mother's Maiden Name		no information.		Mother's Birthplace	
Name of person giving information		Beverly Thornton		How related to deceased	
				Husband	

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Influenza	How long	2 months
Immediate	Heart Failure	How long	6 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Aug Stabler	
Address		Brighton	
Accident or Suicide?			



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County

Montgomery

Village or City

Poolesville

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## 2 FULL NAME

Lorena Veirs

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

6 DATE OF BIRTH

\_\_\_\_\_, 1 \_\_\_\_\_ (Month) (Day) (Year)

7 AGE

65 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. ☐ OR \_\_\_\_\_ min. ?

It LESS than 1 day, \_\_\_\_\_ hrs.

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Md.

PARENTS

10 NAME OF FATHER

Benj. F. Veirs

11 BIRTHPLACE OF FATHER

(State or country)

Md.

12 MAIDEN NAME OF MOTHER

Emeline Cooley

13 BIRTHPLACE OF MOTHER

(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Turner Veirs

(Address)

Poolesville, Md.

15

Filed \_\_\_\_\_, 191 \_\_\_\_\_

REGISTRAR

STATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 30, 1909  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Came to my office, 191\_\_\_\_  
do not know date  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Mitral Insufficiency(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory  
SecondaryCardiac dilatation(Duration) 12 hours  
yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed)

E. W. White, M. D.May 1st, 1909 (Address) Poolesville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Poolesville

DATE OF BURIAL

May 2, 1909

20 UNDERTAKER

Hilton & Hall

ADDRESS

Poolesville

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

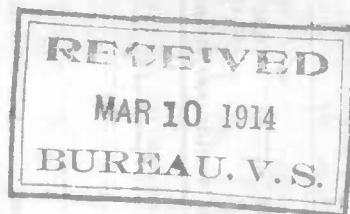
[Approved by U. S. Census and American Public Health Association.]

**Statement of occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcin-*

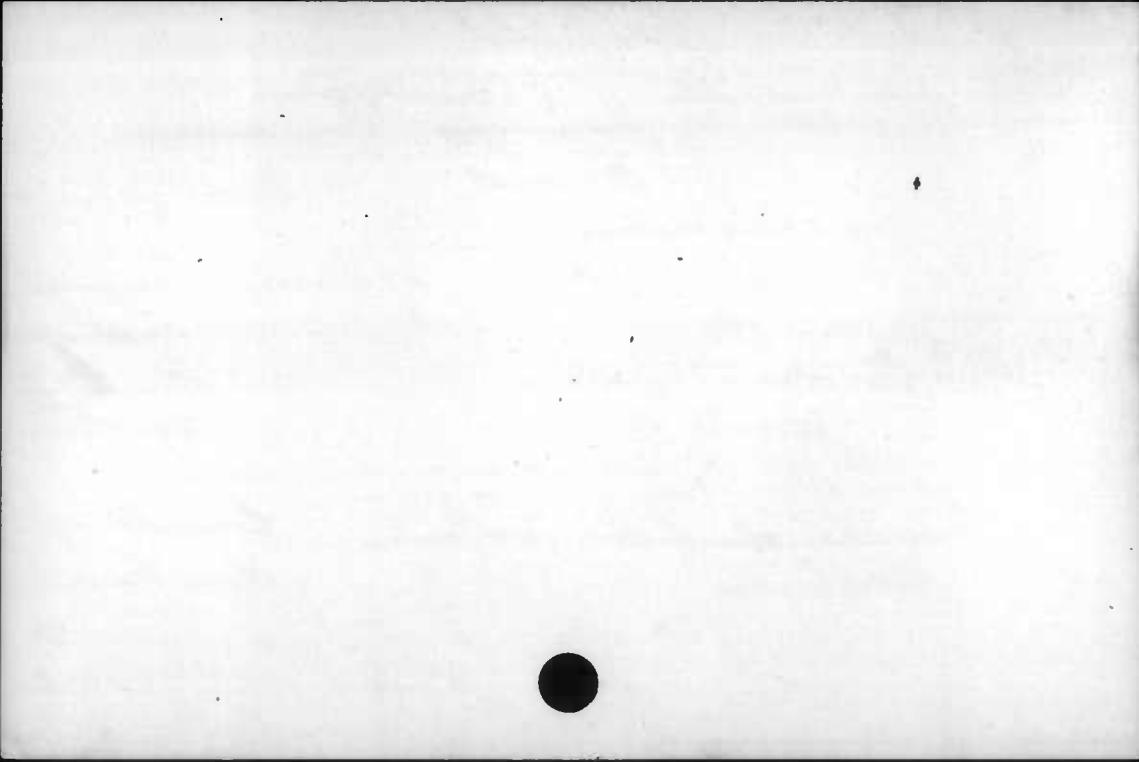
*oma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For violent DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

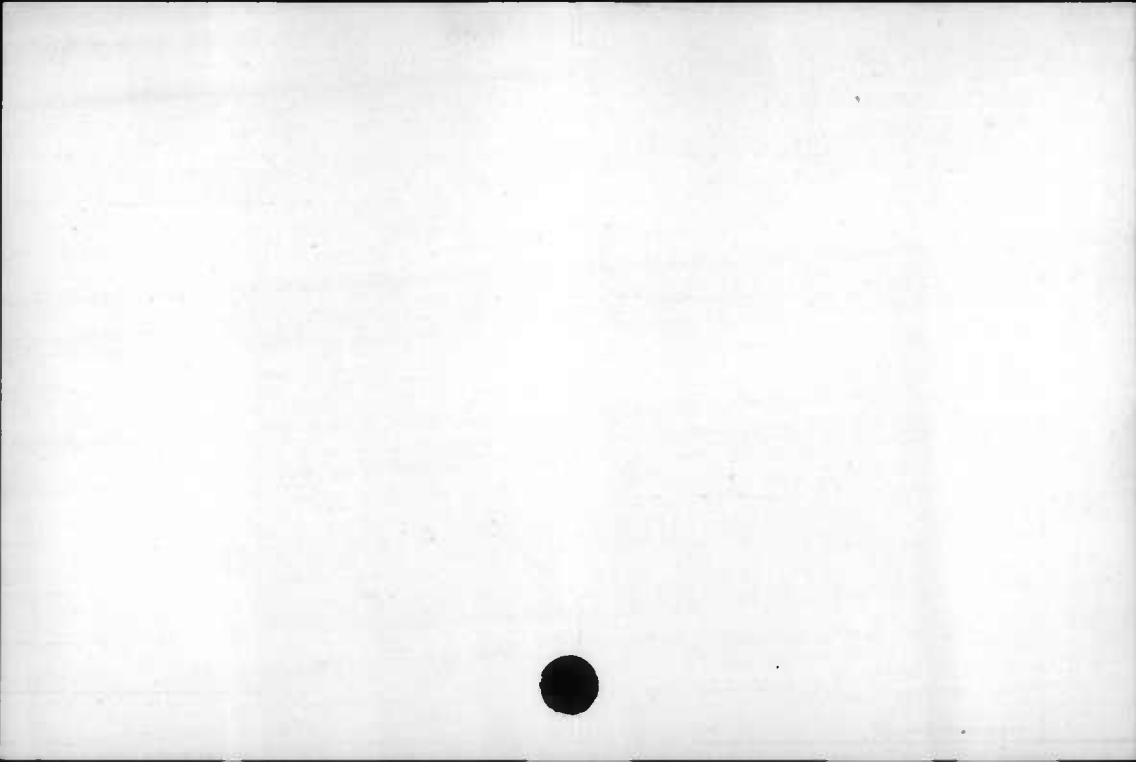




Name in Full		Lorenza Veirs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Poolesville		County Montgomery		MARYLAND	
	Date of death	1909	Month April	Day 30	Age 60	Years	Months Days
	Sex	Male		Color or Race	white		Birth-place Md.
	Occupation	Farm Laborer			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Benj. F. Veirs				Father's Birthplace	Md.
	Mother's Maiden Name	Emeline Cooley				Mother's Birthplace	Md.
Name of person giving information	Turner Veirs				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Mitral Insufficiency				How long	2 yrs.
	Immediate	Cardiac dilatation				How long	12 hours.
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?							



Name in Full <b>Rachel Ann Warfield</b>		TOWN <b>Lanhamville</b>		COUNTY <b>Montgomery</b>		STATE <b>MARYLAND</b>	
Died at <b>Lanhamville</b>		Month <b>April</b>		Day <b>23</b>		Age <b>89</b>	
Date of death <b>1909</b>		Months <b>7</b>		Days <b></b>			
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Montgomery Co</b>			
Occupation <b>no occupation</b>		Where Residing if not at place of death <b></b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>widow of Isaac Warfield</b>					
Father's Name <b>James Ross</b>		Father's Birthplace <b>Montgomery Co</b>					
Mother's Maiden Name <b>Linda Snowden</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>James Ross</b>		How related to deceased <b>Brother</b>					
		CAUSES OF DEATH		154			
Primary <b>Inanition due to old age &amp; Gout</b>		How long <b>Several Months</b>					
Immediate <b>Asthma</b>		How long <b>don't know</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J H Dyson M.D.</b>		Address <b>Lanhamville Md</b>			
Accident or Suicide? <b></b>							



Name in Full		Harvey Wheatley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		1909	Month	April	Day	27
		Age		13	Years	Months	Days	
		Sex	Male	Color or Race	Colored	Birth-place	Montg. Co. Md.	
		Occupation	Scholar	Where Residing if not at place of death				
		Married, Single or Widowed	Single	Name of Wife or Husband			None	
Father's Name		Scott Wheatley				Father's Birthplace	Montg. Co. Md.	
Mother's Maiden Name		Alice Robinson				Mother's Birthplace	Montg. Co. Md.	
Name of person giving information		Thos. H. Gassaway				How related to deceased	None	
		CAUSES OF DEATH				(10)		
PHYSICIAN OR CORONER		Primary		Influenza		How long		Three weeks.
		Immediate		Pneumonia		How long		Two weeks.
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Charles Farguhar.
				Address		Montg. Co. Md.		
Accident or Suicide?								



Name  
in  
Full

William V. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

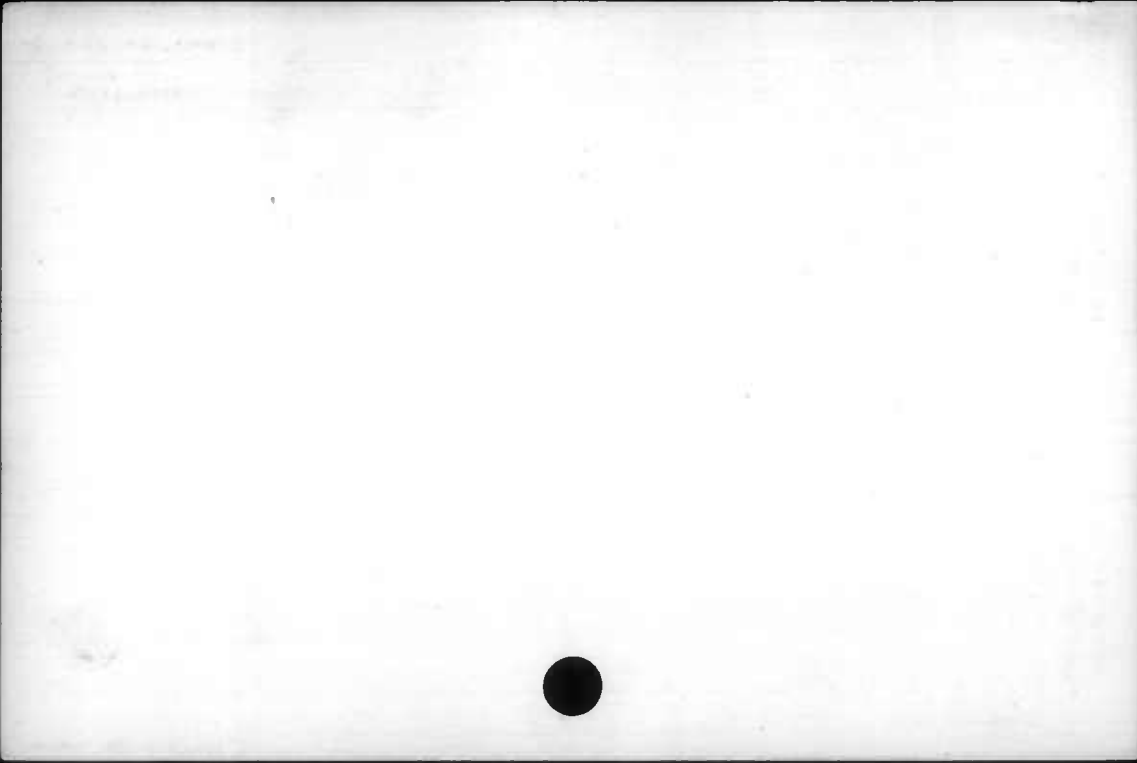
Died at near Cedar Grove		Town		County		MONTGOMERY		MARYLAND					
Date of death 1909		Month April		Day 22		Age 22		Years		Months 9		Days 4	
Sex male		Color or Race white		Birth-place Montg'y. Co., Md.									
Occupation Farmer		Where Residing if not at place of death											
Married, Single or Widowed Single		Name of Wife or Husband											
Father's Name Thompson Williams		Father's Birthplace Montg'y. Co., Md.											
Mother's Maiden Name Mattie King		Mother's Birthplace Montg'y. Co., Md.											
Name of person giving Information Thompson Williams		How related to deceased Father											

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about five months
Immediate	Asthemia	How long	a few days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Geo. M. Boyer	
		Address Damascus, Md.	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1909	Month	April	Day	15	Age	28
Sex	Male	Color or Race	African American	Birth-place	Clarkburg		
Occupation	Mail Carrier			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	John H. Harris			Father's Birthplace			
Mother's Maiden Name	Emma Lee			Mother's Birthplace			
Name of person giving Information	John H. Harris			How related to deceased			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 yr
Immediate	Tuberculosis		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		Address		
		Clarkburg Md		
Accident or Suicide				

